▲ Tear Here ▲ PLEASE READ ALL I	A TEAT HERE A INSTRUCTIONS BEFORE C		▲ Tear Here ▲	
FOR	FOR Secretary of State		Z000-01 UB C	
REINSTATEMENT	DIVISION OF CORPORATIONS	FILE	D ,	
■ Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State		01 AUG 20 AM 8: 40		
1. Name and Mailing Address of Corporation: DOCUMENT # P990000474		If Address in Block 1 is incorrect in any way, enter the correct address below:     SECRETARY OF STATE		
Beny Brisss, Frc. 1780 commercial Dr.		Address TALLAHASSEE, FLORIDA		
1780 comm	ercial Dr.	City and State	Zip Code	
Maples, E1 34112		If Principle Office Address is different from mailing address, enter address below:		
` '		Address		
		City and State	Zip Code	
To Do Dualinana in Clasida	El Number FEI		ditional Fee required	
01-19+999 65	,70892747 FE		rtificate of Status STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip				
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N	lumbers) 4	ite / Zip	
D Pevy Briggs	5241 Jennine	St. Naples F	1 34113	
		200004550	4F-> ->	
			1082019	
· ·	• .	****300,00	*****300.60	
		Man	<u> </u>	
REGISTERED AGENT INFORMATION  9. If changed, new registered agent Affice Name			- I in the state of the state o	
8. Name and Address of Current Registered Agent  Street Address (Do NOT Use P.Q. Box Number)				
Paut Ruby  Street Address (Do NOT Use P.O. Box Number)  Street Address (Do NOT Use P.O. Box Number)  Street Address (Do NOT Use P.O. Box Number)				
Naples, El 34112				
(Deceased) Naples FL. 34104				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of				
Registered Agent Date				
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)				
Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No no intangible tax.)				
13) I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
Signature of Officer or Director Bury Briggs Date 8/17/01 Daytime Phone # (941) 643-6263				

307 Airport Pulling Rd. North P.O. Box 7128, Naples, FL 34101 (941) 643-6263 Fax(941) 643-5243

Attorneys at Law RICHARD D. SPARKMAN JEFFREY C. QUINN KAREN S. BEAVIN

LAW OFFICES

Sparkman, Quinn, P.A.

August 17, 2001

Secretary of State
Division of Corporations
ATTN: Michelle Milligan
P.O. Box 6327
Tallahassee, Florida 32314

RE: Bevy Briggs, Inc.

Dear Ms. Milligan:

We are requesting a waiver of late filing fees for the annual report. My client did not receive notification. This was a new corporation and my client did not know she had to file an annual report.

If you have questions please contact me.

Enclosed please find a check in the amount of \$300.00 for the 2000 and 2001 annual fee.

Thank you for your consideration and please advise.

Sincerely yours,

RICHARD D. SPARKMAN RDS/lj

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