

Amended  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Kathleen Harris~~  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 199000061296

1. Corporation Name

Brini Investigation Security Corp.

2. Principal Office Address

155-S MIA AVE

3. Mailing Office Address

P.O. Box 382203

Suite, Apt. #, etc.

PH J

Suite, Apt. #, etc.

MIAMI FL 33138-2203

City & State

MIAMI FL 33130

City & State

Zip

Country

33130

MIA Ade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/30/99

5. FEI Number 65-0946692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brini Delinoir

Street Address (P.O. Box Number is Not Acceptable)

155-S MIAMI AVE PH. J.

Suite, Apt. #, Etc.

City

MIAMI FL 33130

State

FL

Zip Code

33130

8. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/02/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Delinoir Brini	443 NE 205T	MIAMI FL 33138
V/S	David Brini	443 NE 205T	MIAMI FL 33138

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10. 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 filing 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/02 786-306-5298  
Date Daytime Phone #