

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -5 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000106479**

1. Corporation Name

BRICK & BRICK PAPER, INC

200007076852--6

-08/13/02--01048--022

******308.75 ****308.75**

2. Principal Office Address

3726 RIANO CIR

Suite, Apt. #, etc.

3. Mailing Office Address

4737 ORANGE DRIVE

Suite, Apt. #, etc.

City & State

LAS VEGAS NV

Zip

89103

Country

City & State

DAVE FL

Zip

33314

Country

4. Date incorporated or Qualified
To Do Business in Florida

12/7/99

5. FEI Number

59-3611489

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

MARIA McADAMS

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

4737 ORANGE DR

Suite, Apt. #, Etc.

City

DAVE

State

FL

Zip Code

33314

8. I, being appointed the 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

[Signature]

Date **7/3/02**

REGISTERED AGENT MUST SIGN

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	ALAN DINIZ	3726 RIANO CIR	LAS VEGAS, NV 89103

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

Date

8/2/02

Daytime Phone #