

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 15 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S371084

1. Corporation Name

Herb Brieler, Inc.

Principal Place of Business

Mailing Address

999 Ponce De Leon  
# 705

same

Coral Gables, Fl. 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3000002061533-19  
-01/17/97-01029-007  
\*\*\*1583.75 \*\*\*1583.75

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

139 Dubonnet Road

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

P.O. Box 873

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

March 14, 1991

5. FEI Number

65-02502540

Applied For

Not Applicable

City & State

Tavernier, Florida

City & State

Tavernier, Florida

Zip

33070

Country

U.S.A.

Zip

33070

Country

U.S.A.

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1     | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4         |
|-------------------|-------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------|
| <u>Pres</u>       | <u>Herb Brieler</u>                       | <u>139 Dubonnet Road</u>                                                                       | <u>Tavernier, Florida 33070</u> |
| <u>Sec/Treas.</u> |                                           |                                                                                                |                                 |
|                   |                                           |                                                                                                |                                 |
|                   |                                           |                                                                                                |                                 |
|                   |                                           |                                                                                                |                                 |
|                   |                                           |                                                                                                |                                 |
|                   |                                           |                                                                                                |                                 |
|                   |                                           |                                                                                                |                                 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Herb Brieler

999 Ponce De Leon # 705

Coral Gables, Fl. 33134

Name

Herb Brieler

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

139 Dubonnet Road

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

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

Herb Brieler

REGISTERED AGENT MUST SIGN

Date 1/10/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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:

Herb Brieler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97  
Date

(305)852-4901  
Daytime Phone #

CR2040 (12/95)