

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 AM 8:00

DOCUMENT # V65436

1. Corporation Name

LARRY BRIANS, Inc

REINSTATEMENT 03

200025645062
12/19/03--01055--003 **150.00

2. Principal Office Address
1485 SW Biltmore St

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Port St Lucie FL

Zip Country
34984 USA

4. Date Incorporated or Qualified To Do Business in Florida 9-21-1992

5. FEI Number 65-0358825 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 LARRY BRIANS
Street Address (P.O. Box Number is Not Acceptable) 1485 SW Biltmore St.
Suite, Apt. #, Etc.
City Port St Lucie State FL Zip Code 34984

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 Larry Brians REGISTERED AGENT MUST SIGN

Date 12-15-03

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	LARRY BRIANS	1995 SW Giffen Ave	PSL FL 34952
T, S, V	Tina BRIANS	1995 SW Giffen Ave	P.S.L. FL 34952

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: Larry Brians

12-15-03

772-878-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)