

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -8 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J95904**
1. Corporation Name
BRIERLEY SALES ASSOCIATES, INC.

Principal Place of Business 303 22ND ST BELLEAIR BEACH FL 34634 US	Mailing Address 1605 MAIN ST STE 1100 SARASOTA FL 34236 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 10/05/1987	5. FEI Number 59-2846253 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	BRIERLEY, ROBERT	303 22ND ST	BELLEAIR BEACH FL
SD	BRIERLEY, SALLIE	303 22ND ST	BELLEAIR BEACH FL

REINSTATEMENT 99 11/1/99
600003047106--8
-11/17/99--01054--003
****758.75 ****758.75

8. Name and Address of Current Registered Agent BRIERLEY, ROBERT S. 303 22ND ST BELLEAIR BEACH FL 34634	9. Name and Address of New Registered Agent Name: ROBERT S BRIERLEY Street Address (P.O. Box Number is Not Acceptable): 303 22ND ST Suite, Apt. #, Etc.: City: BELLEAIR BEACH State: FL Zip Code: 34634
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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: Robert S. Briery Date: 11/1/99
REGISTERED AGENT MUST SIGN

11. 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)(l), 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: Robert S. Briery Date: 11/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #