

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT 21 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400161715104  
10/14/09--01042--004 \*\*150.00

CR2E081 (12/08)


4. Date Incorporated or Qualified  
To Do Business in Florida 12/24/2003

5. FEI Number 37-1481354  
 Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000055905

1. Corporation Name

BRUNETTI ENGINEERING LLC

2. Principal Office Address - No P.O. Box #

C/O 9 SW 13TH ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Zip

33315

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

DANIEL S BRUNETTI

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

1215 NE 17 WAY

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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



Date 10/06/2009

REGISTERED AGENT MUST SIGN

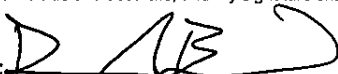
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	DANIEL S BRUNETTI	C/O 9 SW 13TH ST	FORT LAUDERDALE, FL 33315
			400161715104 10/14/09--01042--006 **150.00
			400161715104 10/14/09--01042--007 **150.00
			400161715104 10/14/09--01042--005 **150.00
			400161715104 10/14/09--01042--003 **150.00

REINSTATEMENT-05-09

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 contained in Chapter 119, 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:



DANIEL S BRUNETTI

10/06/2009

954-764-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS