

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 DEC -3 PM 12:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

M37426

1. Corporation Name

BRAYMEN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

2404 Raleigh Street

Suite, Apt. #, etc.

City & State
 Hollywood, FL

Zip 33020 Country USA

3. New Mailing Office Address, If Applicable

2404 Raleigh Street

Suite, Apt. #, etc.

City & State
 Hollywood, FL

Zip 33020 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

8/27/86

5. FEI Number

59-2761824

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/N/D	Addington Braynen	2404 Raleigh Street	Hollywood, FL 33020
			500003070475--8 -12/15/99--01008--018 ***1650.00 ***1650.00
			REINSTATEMENT 03-99

8. Name and Address of Current Registered Agent

Amie Braynen
 3017 N. Oakland Forest Dr #107
 Ft. Lauderdale, FL 33309

9. Name and Address of New Registered Agent

Name Addington Braynen
 Street Address (P.O. Box Number is Not Acceptable)
 2404 Raleigh Street
 Suite, Apt. #, Etc.
 City Hollywood State FL Zip Code 33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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

Addington K. Braynen

Date

Daytime Phone #

754
 929-8666

CR2E061 (12/98)