

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

10 DEC -2 AM 11:41

DOCUMENT # **PO7000128187**

1. Corporation Name
Brent Petroleum USA CORP.

400180670214
12/02/10--01031--004 **300.00

400180670214
12/02/10--01031--003 **600.00

400180670214
05/11/10--01005--001 **150.00

CR2E081 (4/10)

WI0-53238 WI-22895

2. Principal Office Address - No P.O. Box # 9460 Poinciana Plc		3. Mailing Office Address	
Suite, Apt. #, etc. 308		Suite, Apt. #, etc.	
City & State Davie, FL		City & State FL	
Zip 33324	Country U.S.A	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 26-3304839	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Monique P. Clay

Street Address (P.O. Box Number is Not Acceptable)
9460 Poinciana Plc

Suite, Apt. #, Etc.
308

City
Davie

State
FL

Zip Code
33324

PROFIT CORPORATIONS ONLY

The \$600.00 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.

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 **[Signature]** Date **5/5/10**

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
Pres.	Angelo Pace	9460 Poinciana Plc #308	Davie FL 33324
V.P.	Monique P. Clay	9460 Poinciana Plc #308	Davie FL 33324

REINSTATEMENT

B 12/3/10
06-10

10. E-mail Address: **mpaceclay1@hotmail.com**
(To be used for future annual report notification)

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. I further certify, 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]** Date **9/5/10** Daytime Phone # **954-448-0697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR