

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

(1)

APPROVED AND FILED

93 AUG 20 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000072540

1. Corporation Name  
Brokers & Carbo Intl Business Corp.

Principal Place of Business Mailing Address  
4510 NW 79 Ave #1-C  
Miami, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
2. New Principal Office Address, if Applicable  
2624 NW 112 Ave  
Suite, Apt. #, etc.  
City & State  
Miami FL  
Zip  
33132  
Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida  
9-19-95  
5. FEI Number  
05-0608896  
Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
T	Camarillo Nelson	2624 NW 112 Ave	Miami FL 33132
P	Camarillo Norelys	2624 NW 112 Ave	Miami FL 33132
VP/S	Lamorte Michelangelo	2624 NW 112 Ave	Miami FL 33132

500002974565--5  
-08/31/99--01045--007  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

8. Name and Address of Current Registered Agent  
Lamorte Michelangelo  
2624 NW 112 Ave  
Miami FL 33132

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
FL  
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.  
Signature of Registered Agent  
Date 8/5/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

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)(f), 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: Michelangelo Lamorte  
Date 8/5/99 (305) 5923333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



②

MIAMI - USA  
2624 N.W. 112 Avenue • Miami, Florida. 33172  
Tel. (305) 592-3333 • Fax (305) 477-0500

August 5<sup>th</sup>, 1999

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

To Whom It May Concern:

Enclosed please find copy of reinstatement application for my corporation.

We did not received the annual reports because we believe that you sent it to the wrong address, the correct address is 2624 NW 112 Ave Miami, Fl 33172 as you can see on the page attached.

Please accept my check for \$ 300.00 and if you have any questions, please contact us.

Thank you in advance for your cooperation.

Respectfully,

  
Michelangelo Lamore