

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
99 MAR 23 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V33901

1. Corporation Name

BRENDA CORPORATION

2510 NW 32 STREET MIAMI FL. 33142

Principal Place of Business

Mailing Address

3240 NW 24 AVE.

MIAMI FL 33142

400002815384--5  
-03/23/99--01003--008  
\*\*\*\*500.00 \*\*\*\*500.00  
400002815384--5  
-03/23/99--01003--008  
\*\*\*\*500.00 \*\*\*\*200.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5/5/1992

5. FEI Number

65-0334538

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
PRES.	ADA I. RAMOS	3240 NW 24 AVE.	MIAMI FL. 33142
SECRE.	CARLOS V. ROMERO	3240 NW 24 AVE.	MIAMI FL. 33142
V. PRES.	ABIGAIL GUERRERO	3240 NW 24 AVE.	MIAMI FL. 33142
<b>REINSTATEMENT 96-99</b>			400002815384--5 -03/23/99--01003--007 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

ABIGAIL GUERRERO  
2510 NW 32 STREET  
MIAMI FL. 33142

9. Name and Address of New Registered Agent

Name ADA I. RAMOS  
Street Address (P.O. Box Number is Not Acceptable)  
3240 NW 24 AVE.  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33142

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

3/22/99

Date

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

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *x*

*Carlos V. Romero*

CARLOS V. ROMERO

3/22/99

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)