PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 12 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002908

1. Corporation Name
BRACERAS & RODRIGUEZ MANAGEMENT, CORP.

2. Principal Office Address		**3.** Mailing Office Address	
790 WEST 8 AVENUE		790 WEST 8 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HIALEAH, FL		City & State: HIALEAH, FL	
Zip: 33010	Country: U.S.A.	Zip: 33010	Country: U.S.A.

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida: 01/10/2000

5. FEI Number: 65-1028748 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: JULIO A RODRIGUEZ

900004741448--6
-12/27/01--01047--017
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 14228 S.W. 17TH STREET

Suite, Apt. #, Etc.:

City: MIAMI, State: FL, Zip Code: 33175 LB

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: Julio Rodriguez 2 — REGISTERED AGENT MUST SIGN — Date 12/10/2001

CR2E081 (9/00)

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
PTD	JULIO A RODRIGUEZ	14228 S.W. 17TH STREET	MIAMI, FL 33175
VSD	JUAN A BRACERAS, JR.	3440 EAST 9TH COURT	HIALEAH, FL 33013
			900004741449--5 -12/27/01--01047--018 ******8.75 ******8.75

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 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 — 12/10/2001 Date — (305)885-5712 Daytime Phone #