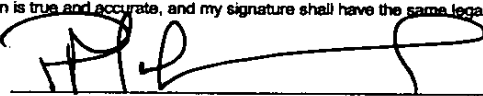


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 172415			
1. Corporation Name Brennan Construction CORPORATION			
2. Principal Office Address 5600 NW 7th Ave Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami, FL Zip 33127 Country USA		City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 02/20/1953		5. FEI Number 590583370 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 Patrick A. Muhammad Street Address (P.O. Box Number is Not Acceptable) 5600 NW 7th Ave Suite, Apt. #, Etc. City Miami State FL Zip Code 33127			
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 _____ Date _____ 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	Patrick A. Muhammad	5600 NW 7th Ave	Miami, FL 33127
REINSTATEMENT 06 B 4/19/06			
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 contained in Chapter 119, 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 Date Daytime Phone #			