

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 507405

1. Corporation Name

BRANT INVESTMENT CORPORATION

Principal Place of Business

2500 E. HALLANDALE BCH.
6707
HALLANDALE FL 33008
US

Mailing Address

2500 E. HALLANDALE BCH.
#707
HALLANDALE FL 33008
US

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 Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1976

5. FEI Number

59-1698039

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)

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
PD	BRANT, LAWRENCE T.	2500 E HALLANDALE BCH BLD	HALLANDALE FL
T	BRANT, BENJAMIN J.	3904 Durango 2500 E HALLANDALE BCH BL 3840 No 38 AV	Coral Gables FL 33134 HALLANDALE FL Hollywood FL 33021
			000002019100-3 -12/04/96-01036-027 ****138.75 ****138.75
			000002019100-3 -12/04/96-01036-028 ****236.25 ****236.25
			000002019100-3 -12/04/96-01036-029 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

BRANT, BENJAMIN J.
4705 N. 40TH ST.
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3840 No 38 Ave
Suite, Apt. #, Etc.

City
Hollywood

State
FL
Zip Code
33021

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

REINSTATEMENT REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/26/96

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 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: **REINSTATEMENT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/96 305-947-9055
Date Daytime Phone #

CR380 (7/96)