

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 612378

1. Corporation Name

BROCO, INC.

REINSTATEMENT 97-03

2. Principal Office Address

14551 S.W. 296th Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Same

Zip

33033

Country

Dade

Zip

Same

Country

Same

100011879201

02/05/03--01017--023 **1658.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1979

5. FEI Number

59-1925853

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

Larry J. Behar

Street Address (P.O. Box Number is Not Acceptable)

14551 S.W. 296th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33033

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

Larry J. Behar

REGISTERED AGENT MUST SIGN

Date 01/16/2003

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 |
|--------|--------------------------------------|---|--------------------|
| PSD | Robert COBA | 14551 S.W. 296th Street | Miami, FL 33033 |
| | | | |
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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

Robert Coba

01/16/2003 (954) 524-8888

Date

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 897720 6699A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : January 17, 2003

ORDER TIME : 9:55 AM

ORDER NO. : 897720-005

CUSTOMER NO: 6699A

CUSTOMER: Larry J. Behar, Esq
Larry J. Behar, P.a.
Suite 400
888 S.e. 3rd Avenue
Ft. Lauderdale, FL 33316-1159

DOMESTIC FILINGS

NAME: BROCO, INC.

RECEIVED
03 JAN 17 PM 4:11
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____