

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 10:42

DOCUMENT # 633711

1. Corporation Name

BRISA INTERNATIONAL, INC.

7729 N.W. 71ST WAY
7729 N.W. 71ST WAY

2. Principal Office Address

7729 N.W. 71ST WAY

Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip

33067

Country

U.S.

3. Mailing Office Address

7729 N.W. 71ST WAY

Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip

33067

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida 8/27/79**

5. FEI Number
11-2515742

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

SUSAN FABRIKANT

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

7729 N.W. 71ST WAY

Suite, Apt. #, Etc.

City

PARKLAND

State
FL

Zip Code
33067

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
P/S/D	SUSAN FABRIKANT	7729 N.W. 71ST WAY	PLANTATION, FL 33067

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

Date

Daytime Phone #

11/12/04 954-340-6425

11/23 ad

CR2E061 (01/04)

2/2

BARRY BANDLER, E.A., P.A.
9963 THREE LAKES CIRCLE
BOCA RATON, FL 33428-6207
TELEPHONE: 561-470-9396
FAX: 561-892-6242
E-MAIL: BBANDLER@BELLSOUTH.NET

November 12, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Brisa International, Inc.
Document # 633711

To Whom It May Concern:

As the accountant for the above named corporation, I respectfully request that the corporation be reinstated. Enclosed is a check for \$450.00 to cover the past three years filing fees.

Please abate the penalty as the corporate address had changed and the corporate annual reports were mailed to the old address.

If you have any further questions, please do not hesitate to contact me.

Sincerely,



Barry Bandler
Enrolled Agent/Accountant