

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000005143

1. Corporation Name

Bricsnet FM America, Inc.

2. Principal Office Address - No P.O. Box #  
260 California Street

3. Mailing Office Address  
260 California Street

Suite, Apt. #, etc.  
1100

Suite, Apt. #, etc.  
1100

City & State

San Francisco, CA

City & State

San Francisco, CA

Zip  
94111

Country  
San Francisco

Zip  
94111

Country  
San Francisco

4. Date Incorporated or Qualified  
To Do Business in Florida 9/2/2005

5. FEI Number  
02-0594325

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  
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
155 Office Plaza Drive

Suite, Apt. #, Etc.  
Suite A

City  
Tallahassee

State  
FL

Zip Code  
32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Boyle Wundt, asst sec*  
REGISTERED AGENT MUST SIGN

Date 10-2-2009

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
C	Hector Rodriguez	260 California Street, 11th Floor	San Francisco, CA 94112
S	Mark Casillas	260 California Street, 11th Floor	San Francisco, CA 94112
COO	Donna Schmidt	260 California Street, 11th Floor	San Francisco, CA 94112

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:

*Donna Schmidt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Schmidt

10/1/2009

Date

415-321-2660

Daytime Phone #