F10000003901

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
11 NOV 15 PM 3:49

DOCUMENT #

1. Corporation Name
BRIO Investment Group, Inc.

11

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2100 Gatun St.	P.O. Box 371347
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Del Mar, CA	City & State: San Diego, CA
Zip: 92014 Country: USA	Zip: 92137 Country: USA

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 5/14/2002

5. FEI Number: 54-2078465 ☐ 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: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

000214533600
11/22/11--01003--008 **750.00

11/22/11--01003--009 **8.75

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: NINH HO, ASST. SECRETARY Date: 11/15/2011
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/COO	Jonathan L. Neeley	2100 Gatun St	Del Mar, CA 92014
CEO/CFO	Ronald L. Neeley	2100 Gatun St	Del Mar, CA 92014
VP/Sec	Lucille A. Neeley	2100 Gatun St	Del Mar, CA 92014

REINSTATEMENT 2011

10 E-mail Address: speters@briodist.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: JONATHAN NEELEY 11/15/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #