

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 11 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F58203

1. Corporation Name

BROJO INC.

2. Principal Office Address

201 SW 125th Ave.

Suite, Apt. #, etc.

City & State

Plantation, Fl.

Zip

33325

Country

Broward

3. Mailing Office Address

2801 SW 139th Way

Suite, Apt. #, etc.

City & State

Davie, Fl.

Zip

33330

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

Dec. 11, 1981

5. FEI Number

59-2150498

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

Donald E. Brock

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

2801 SW 139th Way

Suite, Apt. #, Etc.

City

Davie, Fl.

State

FL

Zip Code

33330

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 2/7/03

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/V/S/T	Donald E. Brock	2801 SW 139th Way	Davie, Fl. 33330

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

2/7/03

Date

954-444-9112

Daytime Phone #

CR2E081 (10/02)

75 2/14