## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  Secretary of State DOCUMENT # F58203  1. Corporation Name BROJO INC.  2. Principal Office Address 201 SW 125th Ave. 2801 SW 139th Way  Salin, Act 6, etc.  Sults, Act 6, etc.  City & State Plantation, F1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Mailing Office Address 2801 SW 139th Way  Salin, Act 6, etc.  Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Document Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Sults, Act 6, etc.  1. Davie, F1.  Secretary of State Secretary of		•	`	0 = . \=, \		.== 1110				_, _,		-			TOTAL	•		
A. Corporation Name  BROJO INC.  2. Principal Office Address 201 SW 125th Ave. 2801 SW 139th Way  Suite, Apt. #, etc.  4. Data Incorporated or Consiling To De Business in Principal To De Business in					Secretary of State					ΤE		FEB I	l P	11 2: 0	1			
2. Principal Office Address 201 SW 125th Ave. 2801 SW 139th Way  Suite, Apt #, etc.  4. Data incorporate or Qualified 10 Davine in Priods Dav. 11, 1983  Plantation, F1.  Davie, F1.  Davie, F1.  Davie, F1.  Proward  7. Name and Address of Current Registered Agent  Name  Donald E. Brock Street Address P0. Box Number is Not Accoptable) 2801 SW 139th Way  Suite, Apt #, Etc.  City Davie, F1.  Stets Addresses of Eart Office and/or Directors  Registered Agent  Registered Agent  Registered Agent  Registered Agent Size Addresses of Eart Office and/or Directors  Priods of Control of Status Desired Size and Size Addresses of Eart Office and/or Directors  Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Priods Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Priods Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  Registered Agent Size Addresses of Eart Office and/or Directors  City Size Agent Size Addresses of Eart Office and/or Directors  City Size Agent Size Addresses of Eart Size Agent Size Agent Size Agent Size Addresses of Eart Size Agent S			# F	58203								IA	LAHAS	SEL.	FLURID	-		
Sulfa, Apt. #, etc.  Davie, F1.  Zip  Country  Zip  333325 Broward  7. Name and Address of Current Registered Agent  Name  Donald E. Brock  Street Address (P.O. Box Number a Not Acceptable)  Sulfa, Apt. #, Etc.  City  Davie, F1.  Sulfa Zip Code  333330  B. L being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807 65050 or 617,0503, F.S.  Signature of Registered Agent  RecistreRed Agent Must sign  RecistreRed Agent Must sign  RecistreRed Agent Must sign  RecistreRed Agent Must sign and Signature of College Col		BROJO	ING	c.			•						KST	<u> </u>	TEW		86-0	
A Date Interpretated or Questified   Dec. 11, 198:	201 SW 125th Ave.				2801 SW 139th Way						02/1	<b>GCO</b> 1/03	1 3 010	23 <b>09</b> 20007	13	3 2776.25		
To Summer and Address of Current Registered Agent    Name   Donald E   Brock   Street Address (P.O. Box Number is Not Acceptable)																		
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Name Donald E. Brock  Street Address (P.O. Box Number is Not Acceptable) 2801 SW 139th Way  Sulle, Apt. 4, Etc.  City Davie, F1.  State Signature of FL 33330  8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.6505 or 617.0503, F.S.  Signature of 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  Officer and/or Director  Officer and/or Dir		]				3333	0		•	ard		CERTIFICA	TE OF STATI	US DES	SIRED 🔯 S8	.75 Addit	ional Fee requificate of Stati	
Titles 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, F1. 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 filling 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:  Donald Brock 2/7/03 954-444-9112	Signature of	Suite, Apt. #, City appointed the re	Etc.	Box Number 2801 Davie	is No SW abov	F1.	way	<u> </u>		nd accept	the ob	ligations of sec	FL tion 607.05	05 or 6	33330 517.0503, F.	S.		
Officer and/or Director  Officer and/or Director  City/State/Zip  P/V/S/T Donald E. Brock  2801 SW 139th Way  Davie, F1. 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 817, F.S. I further certify that when filling 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:  Donald Brock  2/7/03  954-444-9112	9. Names	and Street Addr	esses o	of Each Officer	and	or Director (Flo	rida nonpre	ofit cor	poration	s must list	t at lea	ast 3 directors)				ï		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this rein owed by on this	nstatement application application is true	have be and a	he reason for one neen paid and recourate, and m	the n	lution has been ames of individ inature shall ha	eliminated uals listed ove the sam	I, the co	orporate form do effect a	name sati not qualify s if made	tisfies t v for a	the requirement n exemption un oath.	s of section der section	607.0	401 or 617.0 7(3)(i), F.S. Т 954-	401, F.S. ne inform 444-	, that all fees ation indicated	

Daytime Phone #