

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003880**

1. Corporation Name

BRW ACQUISITION, INC.

Principal Place of Business

C/O KOHLBERG KRAVIS ROBERTS & CO
9 WEST 57TH ST., STE 4200
NEW YORK NY 10019

Mailing Address

C/O KOHLBERG KRAVIS ROBERTS & CO
9 WEST 57TH ST., STE 4200
NEW YORK NY 10019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

5701 STIRLING ROAD

FINANCE DEPARTMENT

DAVIE, FLORIDA

33314

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1998

5. FEI Number

13-3994449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99

FILED
99 DEC -6 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD PD	GOLKIN, PERRY	9 WEST 57TH ST., STE 4200	NEW YORK NY
VSD	FISHER, TODD	9 WEST 57TH ST., STE 4200	NEW YORK NY
T	SUTTON, RANDY	5701 STIRLING ROAD	DAVIE, FL 33314

500003070405--5

-12/15/99--01013--003

******758.75 ****758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Judith A. Blance
REGISTERED AGENT MUST SIGN

Date **11/22/99**

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., 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

Randy Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/99
Date

KE
(954) 316-5200
Daytime Phone #