PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE ECEN.

CORPORATION REINSTATEMENT	

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPÓRATIONS** 

DOCUMENT#	. F98000004986
	· I / O O O O O O T / O O

1. Corporation Name

B&R Agencies, Inc.

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	W. 12 Street		00-02
Suite, Apt. #, etc. Suite, Apt. #, et 100	с.	4. Date Incorporated or Qualified To Do Business in Florida 9/4/9	
City & State City & State Miami, Florida Miami,	Florida	5. FEI Number	Applied For
33126 Country Zip 33126	Country U.S.A.	57-0737905  6. CERTIFICATE OF STATUS DESIREDXX \$8.75 for 8	Not Applicable Additional Fee required Certificate of Status

7. Name and Address of Current Registered Agent Name Julie K. Rannik Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8 St. Suite, Apt. #, Etc. Suite 2805 \*\*\*\*308.75 \*\*\*\*308.75 City State Zip Code Miami, 🏑 33130

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

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	Jaak E. Rannik	Abraham Lincoln, 504	Santo Domingo
Т	Felipe Castro	Abraham Lincoln, 504	Santo Domingo
V	Victor Juhan Rannik	975 Morrison Dr.	Charleston, S.C.29403
S	Andrew K. Epting	16 Charlotte St.	Charleston, S.C. 29403
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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:

Huden Mann W Gring 1 Thure DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Kennath Epting