PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 9:36

DOCUMENT # J77544

1. Corporation Name
BROUS CONSTRUCTION CORP

REINSTATEMENT 08-01

2. Principal Office Address	3. Mailing Office Address
1011 SEAGATE DR	835 HIBISCUS ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State: BOCA RATON, FL
Zip: 33483 Country:	Zip: 33486 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 06-15-1987

5. FEI Number: 592819526 ☐ 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: BROUS, PAUL, D

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-11/20/01--01090--009
****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 835 Hibiscus St.

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33486

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: Paul D. Brous
REGISTERED AGENT MUST SIGN

Date: 10-23-01

CR2E081 (9/00)

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/D	PAUL D. BROUS	835 HIBISCUS ST.	BOCA RATON, FL 33486
T	SUSAN NEFF	9761 NW 2ND AVE #306	BOCA RATON, FL 33431
V	LOUIS BROUS	15164 HARRISON RD.	DELRAY BCH, FL 33484
V	MOIRA BROUS	835 HIBISCUS ST	BOCA RATON, FL 33486

AB 11/15

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: Paul D. Brous PAUL D. BROUS 10-23-01 954 3097753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #