

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 20 PM 2:28

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** K21673

**1. Corporation Name**

BREVE OF FLORIDA, INC.

**2. Principal Office Address**

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

Zip

33145

Country

U.S.

**3. Mailing Office Address**

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

Zip

33145

Country

U.S.

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

04/22/1988

**5. FEI Number**

65-0105524

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **2a**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

FLORIDA ANNUAL REPORT SERVICES, INC.

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

2300 Coral Way, Suite # 200

Suite, Apt. #, Etc.

Suite # 200

City

Miami

State

FL

Zip Code

33145

**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

*Vivian Welton*

Date

12/15/05

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
D	BRIEF, GEORGE	2300 Coral Way, Suite 200	Miami, FL 33145
TSD	BRIEF, FRITZI KAY	2300 Coral Way, Suite 200	Miami, FL 33145
V	BRIEF, JONATHAN	2300 Coral Way, Suite 200	Miami, FL 33145

**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

*George Brief*  
George Brief

Date

12/15/05

Daytime Phone #

(305) 856-0056

**FLORIDA ANNUAL REPORT SERVICES INC.**

2300 Coral Way, Suite 200

Miami, FL 33145

Phone (305) 856-0056

Fax (305) 856-2030

December 15, 2005

Mr. Sean Toner  
c/o Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: Breve of Florida, Inc.**  
**Document #K21673**

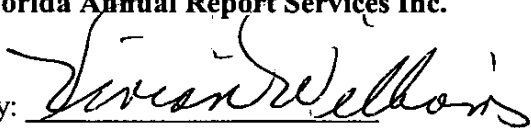
Dear Mr. Toner:

Please be advised that the notification of renewal for the above-mentioned corporation was never received. I am attaching a check in the amount of \$2258.75 as payment for renewal of this corporation.

Thanking you in advance for your cooperation, we remain.

You truly,

**Florida Annual Report Services Inc.**

By:   
Vivian Williams

Enclosure  
/am