

FEB-15-2001 14:53

EMPIRE CORP

305 541 3770 P.01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 FEB 19 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90183

1. Corporation Name

Brookson Construction Inc.

2. Principal Office Address

710 West 51 St

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

33140

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-22-89

5. FEI Number

65-0121014

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

Howard Brodsky

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

2701 S. Bayshore Dr

Suite, Apt. #, Etc.

602

City

MIAMI

State

FL

Zip Code

33133

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

Howard Brodsky

REGISTERED AGENT MUST SIGN

Date 2-16-01

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	Stanley Brodsky	2310 N.E. 201 St	NMB FL 33180
VPST	Barry Brodsky	5700 L9 GORCE DR	MB FL 33140

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:

Barry Brodsky v.p.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-16-01 (305) 867-7979

Daytime Phone