PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAR 21 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-03

DOCUMENT # L09502

1. Corporation Name
BROLEN, INC.

2. Principal Office Address	3. Mailing Office Address
480 North ORLANDO AVE.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 234	
City & State	City & State
WINTER PARK, FL	
Zip / Country	Zip / Country
32789 / UNITED STATES	

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/1989

5. FEI Number: 59-2963390 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: PAUL R. SHORT

Street Address (P.O. Box Number is Not Acceptable): 7522 NORTH 40TH STREET

400012799084
02/20/03--01007--011 **900.00

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33604

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: _____ Date: 2/12/2003
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR.	ROY I. MORLEN	13416 AVISTA DRIVE	TAMPA, FL 33624
DIR.	HRAFNHILDUR DANT	480 S. ORLANDO AVE., 234	WINTER PARK, FL 32789

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: Roy Morlen ROY I. MORLEN 2/13/03 813 876 4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 3/21