

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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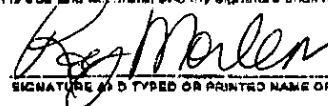
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09502					
1. Corporation Name BROLIN, INC.					
2. Principal Office Address 480 NORTH ORLANDO AVE.			3. Mailing Office Address SAME		
Suite, Apt. #, etc. SUITE 234			Suite, Apt. #, etc.		
City & State WINTER PARK, FL			City & State		
Zip 32789		Country UNITED STATES		Zip	
				Country	

REINSTATEMENT 02-03

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 ☐ \$375 Additional Fee (See Form 1000, Chapter 11, Section 11.01)	

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	
City, State, Zip TAMPA, FL 33604	
State, Apt. #, Etc.	
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 607.0005 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(5)(b), 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: 		Date 2/13/03 813 876 4247	
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROY I. MORLEN		Date 2/13/03	

CORPORATION: 11/2/03

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