	PLEAS	SE READ /	ALL INSTRUC	TIONS	BEPORE	COMPLETI	NG I HI	S FURIVI.		
COPPO	DATION		FLORIDA DEP	DEPARTMENT OF STATE		FILED				
CORPORATION REINSTATEMENT			Secretary of State DIVISION OF CORPORATIONS			02 DEC 23 AM 11:50				
OCUMI	ENT#		0 000003	248		SECTILIARY OF STATE FALLAHASSEE, FLORIDA				
Corporation N BROTHER CHRIST	iame TYLE R 14000 0 TIAN F-15H	F ERMEN IN	re.					·		
	•		600009198646 11/25/0201028017 **131.25							
Principal Offic	U.W. 70"AL	re C, F/ 3332	3. Mailing Office Ad	ffice Address N.W. 70 THAVE						
uite, Apt.#, etc.			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida MAY /1, 2000				
ity & State	R1C,FL	OR OBA	City & State TAMARAC, EloRIDO			5. FELNumber	5FEI.Number Applied.For Not Applicable			
3332/	Country	.S.A.	Zip 33321	Country	5. A.	6. CERTIFICATE		Security	dditiona Certifica	l Fee required te of Status
			7. Name a	nd Address o	f Current Regis	tered Agent				
Na	ame JoH	U HAZ	UKA							
Sti	Box Number is N									
Su	uite, Apt. #, Etc.									1
Ci	RAC			Zip Code 3332/		<u> </u>				
I, being appo	ointed the register	ed agent of the ab	ove named corporation,	, am familiar w	ith and accept th	e obligations of secti	on 607.0505	or 617.0503, F.S.		
Signature of Registered Agen	i Y 07	Bn //c	Cyclo Egistered agent M	IUST SIGN			Date	10/22/20	02	
Names and			nd/or Director (Florida n		rations must list a	at least 3 directors)				
Titles		Name of		Street Address of Each Officer and/or Director			City / State / Zip			
PRES. DO	DJOHN FADDEN			4419 EVELYN PLACE			33463			
SECTOY L	DHER	CHELCI	REASONNY				_ 00	RAI SPR	1 × C S	s 3065
Ster Wand	JoHN	HAZU	KA 7	703	N.W.	70 4ve	TA	MARAC ZORLDA	g 3	334/
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									-	
this reinstat	ement application	i, the reason for dis theen paid and the	ceiver or trustee empow ssolution has been elimi e names of individuals li	nated, the consisted on this fo	porate name sati: irm do not qualify	sties the requirement for an exemption un	s of section i	5U7.U4U I OF 6 I7.U4U	າ, ۳.ວ., ແ	iat an iees
on this appl	lication is true and	accurate, and my	signature shall have the	e same legal e	mect as if made ι	under oath.				

SIGNATURE: ATURE AND TYPEDON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # TO WHOM IT MAY CONCERN,

MY NAME IS JOHN HAZUKA AND I AM THE PRESIDENT OF THE BROTHERHOOD OF CHRISTIAN FISHERMEN INC I AM A LEGALLY BLIND PERSON ON SOCIAL SECURITY DISABILITY. THE BROTHERHOOD OF CHRISTIAN FISHERMEN IS A NOT FOR PROFIT CORP. ALTHOUGH WE INCORPORATED IN MAY 2000, WE HAVE NOT SOLICITED OR RAISED ANY FUNDING. WE HOPE THAT WILL CHANGE SHORTLY.

I NEVER RECEIVED THE REJECT CORRECTION LETTER OR MY CHECK FROM YOUR DEPARTMENT. I HAD NO IDEA THAT THE CORPORATION WAS DISSOLVED. PLEASE WAVE THE LATE REINSTATEMENT FEE OF ONE HUNDRED AND SEVENTY FIVE DOLLARS.PLEASE FIND ENCLOSED A CHECK-FOR-ONE HUNDRED AND TWENTY TWO DOLLARS AND FIFTY CENTS TO BRING US UP TO DATE. I AM ALSO OPTING FOR A CERTIFICATE OF STATUS FOR ANOTHER-EIGHT DOLLARS AND SEVENTY-FIVE CENTS. MY CHECK IS MADE OUT FOR A TOTAL OF ONE HUNDRED THIRTY ONE DOLLARS AND TWENTY FIVE CENTS.

THANK YOU FOR YOUR HELP IN THIS MATTER. SINCERELY,

John Hazuka JOHN HAZUKA

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7703 NW 70 AVE.

TAMARAC,FL.33321

PHONE 1 954718 0218