

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

James J. Larrie
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 11 PM 4:00

DOCUMENT # P00000013861

1. Corporation Name

BRAVERY, INC.

2. Principal Office Address

1560 Gulf Blvd.

3. Mailing Office Address

5401 Central Ave.

Suite, Apt. #, etc.

1704

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

St. Petersburg, FL

Zip

33767

Country

USA

Zip

33710

Country

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

2/8/00

5. FEI Number

59-3621944

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

Carol McAtee, C.P.A.

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

5401 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code

33710

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

Carol McAtee

Date 3/21/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list titles and directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Pres/ Secy	DEBORAH PAPICH	1560 Gulf Blvd., #1704	Clearwater, FL 33767

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.07 or 617, F.S. If further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporation meets all the requirements for section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and that 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 and executed.

SIGNATURE:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

727 593-3868

Daytime Phone #

**RUDEN
McCLOSKEY
SMITH
SCHUSTER &
RUSSELL, P.A.
ATTORNEYS AT LAW**

1549 RINGLING BOULEVARD
SUITE 600
SARASOTA, FLORIDA 34236

POST OFFICE BOX 49017
SARASOTA, FLORIDA 34230-6017

(941) 365-0140
FAX: (941) 316-7912
KMP@RUDEN.COM

April 8, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: BRAVERY, INC.

Dear Sir or Madam:

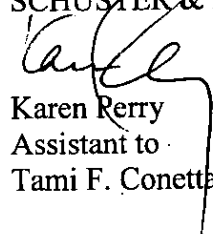
Please find enclosed the Corporation Reinstatement form for the above-referenced corporation. Also enclosed is the corporation's check in the amount of \$300.00, to cover the cost of said reinstatement.

Please note that we have updated the principal office address and registered agent of the Corporation. I had called your offices and learned that the transmittal of the Annual Report to be filled out by the corporation and returned to you had not been received by the corporation and therefore the Report had not been filed. When I spoke to your office, it was explained to me that, because of the return of the transmittal, the cost of reinstatement would be \$300.00, which, again, I have enclosed.

Thank you for your assistance. Please contact me should you have any questions or comments.

Sincerely,

RUDEN, McCLOSKEY, SMITH,
SCHUSTER & RUSSELL, P.A.


Karen Perry
Assistant to
Tami F. Conetta

Enclosures

SAR:95885:1

FORT LAUDERDALE ■ MIAMI ■ NAPLES ■ ST. PETERSBURG ■ SARASOTA ■ TALLAHASSEE ■ TAMPA ■ WEST PALM BEACH