


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000033805

1. Corporation Name

BRAQUITERAPIA.COM.INC.

Principal Place of Business

Mailing Address

7171 CORAL WAY, SUITE 203
MIAMI FL 33155

7171 CORAL WAY, SUITE 203
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1006325

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SOCARRAZ, MARIANO DE	7171 CORAL WAY, SUITE 203	MIAMI FL 33155

500004685045--4
-11/16/01--01045--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOCARRAZ, MARIANO DE
7171 CORAL WAY, SUITE 203
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent



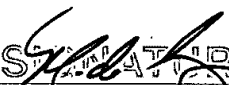
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/11/01

11. 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:



SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/01

20F2

BRAQUITERAPIA.COM, INC.

October 11, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement
Document #P00000033805

To whom it may concern:

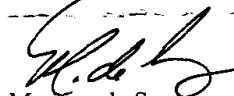
We recently received an Application for Reinstatement for the above referenced company. This is the first notice that we received, even though you usually send second notices throughout the first part of the year.

We have two companies and the payments for both were sent on January 5, 2001. Attached is copy of the other firm.

I would appreciate your consideration and approve our payment of \$150.00.

I thank you in advance for your assistance,

Sincerely,



Mariano de Socarras
President