

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 21 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000038894**

1. Corporation Name

**BRANINA CORP.**

Principal Place of Business

18475 VIA DI SORRENTO  
BOCA RATON FL 33496

Mailing Address

18475 VIA DI SORRENTO  
BOCA RATON FL 33496

*[Handwritten initials]*



**REINSTATEMENT 2003**

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

2. New Principal Office Address, If Applicable

**7445 London Lane**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip  
**33433**

Country  
**USA**

3. New Mailing Office Address, If Applicable

**7445 London Lane**

City & State  
**Boca Raton FL**

Zip  
**33433**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**04/12/2000**

5. FEI Number

**65-1001064**

Applied For

Not Applicable

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
P	KOVACK, BRUCE	18475 VIA PL SORRENTO	BOCA RATON FL 33496

200023968832  
10/21/03--01057--015 \*\*750.00

8. Name and Address of Current Registered Agent

GORFINKEL, NESTOR B  
1111 KANE CONCOURSE STE 401  
BAY HARBOR ISLANDS FL 33154

9. Name and Address of New Registered Agent

Name **NESTOR GORFINKEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**20818 WEST DIXIE HIGHWAY**  
Suite, Apt. #, Etc.  
City **AVENTURA** State **FL** Zip Code **33180**

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

**10-13-03**

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/14/03**

Daytime Phone #

CR2E040 (7/03)