PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS FILED

02 OCT 15 AHII: 26

SECRETARY OF STATE

DOCUMENT # (100000043925							TALLAHASSEE, FLORIDA				
1. Corporati		BROTHERS	000008426330 10/17/0201053013 **150.00								
Mar 1 (tribipes Critical Fladinoss				3. Mailing Office Address 3030 NW 174 STREET							
Suite, Apt. #	, etc.		1 ' '	Suite, Apt. #, etc. HOUSE			Date Incorporated or Qualified To Do Business in Florida 6/10/00				
City & State MIAMI FL			'	City & State MIAMI FL			5. FEI Number 65 1013617			ied For Applicable	
^{Zip} 33056		Country	^{Zip} 33056		Country	6. CERTIFICAT	E OF STATUS		dditional F Certificate	ee required of Status	
			7.	Name and	Address of Current Reg	gistered Agent					
	Onward Dudley Hield										
	Street Add	ress (P.O. Box Number	r is Not Acceptable) 3030 N	030 NW 174 st						
Suite, Apt. #, Etc.											
	City						State -FL-	Zip Code 33056 -	*!	: - 	
8. I, being Signature of Registered	f /	e registered agent of the	REGISTERED	d	familiar with and accept	the obligations of sec	tion 607.0505 Date	/ /		:	
9. Names	and Street A	ddresses of Each Offic	er and/or Director (Florida nonp	rofit corporations must lis	st at least 3 directors)	1		<u>.,</u>		
Titles	Name of Officers and/or Directors				Street Address of Officer and/or D		City / State / Zip				
MR	ONWAR	ONWARD D HIELD P,T,S,D			NW 174 STREET		MIAMI FL 33056			<u></u>	

								·	<u>-</u> .		
this re owed to on this	instatement all by the corpora application is	pplication, the reason i	for dissolution has b ind the names of ind ind my signature shall Hele	een eliminate lividuals listed Il have the sa Onw	I to execute this application of the corporate name so don this form do not qual me legal effect as if made	atisties the fequiremer lify for an exemption ui e under oath.	nder section 1	007.040101017.0401,	formation	indicated	

