

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P00000061272

1. Corporation Name

BROCHE & Associates, Inc.

2. Principal Office Address

18495 S. Dixie Hwy

Suite, Apt. #, etc.

158

City & State

Miami, FL

Zip

33157

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

900015558139

01/09/03--01061--010 **200.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1019558

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

Jorge E. Broche

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

18495 S. Dixie Hwy

Suite, Apt. #, Etc.

158

City

Miami

State

FL

Zip Code

33157

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

REGISTERED AGENT MUST SIGN

Date 03/31/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jorge E. Broche	18495 S. Dixie Hwy	Miami, FL 33157
VP	Joseph G. Rodriguez	P.O. Box 770603	Miami, FL 33177

900015558139
05/24/03--01046--015 **150.00

10. 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:

Jorge Broche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/31/03 (786) 344-1910

Daytime Phone #

CR2E031 (10/02)

gr 5/23

April 1, 2003

To Whom It May Concern:

The purpose of this letter is to inform all interested parties that I would like to reinstate the below listed corporation:

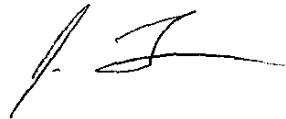
Broche & Associates, Inc.

Please note that the corporate, UBR notice was never received by our office.

If you have any questions or comments, please contact me at the below listed address.

Thank you.

Sincerely,



Jorge Broche

18495 South Dixie Highway, Suite 158
Miami, FL 33157
786-344-1910