

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 27 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000063837

1. Corporation Name

BRESCU INTERNATIONAL, INC.

2. Principal Office Address - No P.O. Box #

8231 BAMA LANE

3. Mailing Office Address

4065 NORTH HAVERHILL RD

Suite, Apt. #, etc.

7,8

Suite, Apt. #, etc.

B-3 # 207

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

33411

Country

PALM BEACH

Zip

33417

Country

PALM BEACH

REINSTATEMENT 01-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2000

5. FEI Number

☒ 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
RAFAEL A BORGES

Street Address (P.O. Box Number is Not Acceptable)
8231 BAMA LANE

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33411

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Rafael A. Borges
REGISTERED AGENT MUST SIGN

Date **12/13/2007**

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
DPST	RAFAEL A BORGES	5313 SW 126 TERR	MIRAMAR, FL 33027

100114330661
01/08/08--01017--012 **1950.00

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 contained in Chapter 119, 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:

Rafael A. Borges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL A BORGES

12/13/2007

Date

(561)598-1265

Daytime Phone #

2012/27