


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000100485			
1. Corporation Name BRAKES EXPRESS INC			
2. Principal Office Address 3650 NW 15 ST Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State LAUDERHILL, FL		City & State	
Zip 33311	Country US	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/23/00		5. FEI Number 76-0499091	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name ELI BARTOV			
Street Address (P.O. Box Number is Not Acceptable) 3650 NW 15 ST			
Suite, Apt. #, Etc.			
City LAUDERHILL		State FL	Zip Code 33311
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 <i>[Signature]</i>		Date 10/11/01	
REGISTERED AGENT MUST SIGN			
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
PRES	ELI BARTOV	2100 N. Ocean Blvd #1001	FT LAUDERDALE 33305
VP	GARY CAPLAN	7593 NW 100 LA	PARKLAND, FL 33067
TREAS	IRWIN TAUBLIB	1530 SW 96 TER	DAVIE, FL 33324
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: X <i>[Signature]</i>		ELI BARTOV	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/11/01	Daytime Phone # (954) 583-7755

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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