PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -8 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115148

1. Corporation Name

BRIGHTON FLORIDA PROPERTIES CORP.

2. Principal Office Address	3. Mailing Office Address
95 MERRICK WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 440	SAME
City & State	City & State
CORAL GABLES, FL	SAME
Zip / Country	Zip / Country
33134 / USA	SAME / SAME

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/01

5. FEI Number: X 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: LUIS F. DE LA CRUZ, JR.

Street Address (P.O. Box Number is Not Acceptable): 95 MERRICK WAY

Suite, Apt. #, Etc.: SUITE 440

City: CORAL GABLES | State: FL | Zip Code: 33134

100000052441--8
-06/26/02--01084-016
****300.00 ****300.00

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	ALEJANDRO P. SOTO	95 MERRICK WAY, SUITE 440	CORAL GABLES, FL 33134
	201.25 - AR		
	10.00 - AR ARTS		
	88.75 - AR Supp		

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: _____ 6/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #