PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 9: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023604

1. Corporation Name

BRANSTONE INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
4724 NW Boca Raton Blvd.	same
Suite, Apt. #, etc. Bldg E1	**Suite, Apt. #, etc.**
City & State Boca Raton, Florida	**City & State**

4. Date Incorporated or Qualified To Do Business in Florida __03/02/2001__

				5. FEI Number 65-1085607	Applied For
Zip 33431	**Country** USA	**Zip**	**Country**		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 Rob Branson

Street Address (P.O. Box Number is Not Acceptable) 4724 NW Boca Raton Blvd.

00002004026
05/28/03--01043--004   **75.00

Suite, Apt. #, Etc. Bldg E1

City Boca Raton	**State** FL	**Zip Code** 33431

CR2E081 (10/02)

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 05/19/03

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
Director	Rob Branson	4724 NW Boca Raton Blvd.	Boca Raton, FL 33431

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: _____   05/19/03   (561)241-6615

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