

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 13 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000042824

1. Corporation Name

BRACHA, INC

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

5750 COLLINS AVE

Suite, Apt. #, etc.

#16F

City & State

MIAMI BEACH

Zip

33140

Country

USA

3. Mailing Office Address

5750 COLLINS AVE

Suite, Apt. #, etc.

#16F

City & State

MIAMI BEACH

Zip

33140

Country

USA

900175554439

04/13/10--01013--005 \*\*150.00

12/15/09 01032 018 \*\*\*300.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/2001

5. FEI Number

01-0551019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

STATE DEPARTMENT OF REVENUE

7. Name and Address of Current Registered Agent

Name

SILVAS ENTERPRISE, INC

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

5220 S. UNIVERSITY DR

Suite, Apt. #, Etc.

STE C-102

City

DAVIE

State

FL

Zip Code

33328

☒ 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

Date 12-08-2009

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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JORGE MILLER	5750 COLLINS AVE #16F	MIAMI BEACH FL 33140

10. E-mail Address: accounting4@silvasenterprise.com

(To be used for future annual report notification)

11. 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, I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13a