

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 24 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051147

1. Corporation Name

BRASS HAT CONSTRUCTION, INC.

2. Principal Office Address

14856 S.W. 132 Ave.

3. Mailing Office Address

14856 S.W. 132 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33186

City & State

Miami, FL 33186

Zip

33186

Country

Miami-Dade

Zip

33186

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/2001

5. FEI Number

65-1133567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

04/17/03 01075 007 \*750.00  
**REINSTATEMENT** 02-03

**7. Name and Address of Current Registered Agent**

Name

Norman S. Weider, Esq.

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

100 S.E. 2nd Street

Suite, Apt. #, Etc.

Suite 3950

City

Miami

State

FL

Zip Code

33131

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 10/21/03

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
P/D	Alexander P. Becerra	14856 S.W. 132 Ave.	Miami, FL 33186

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:

Alexander P. Becerra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

786-271-0404

CR2E081 (10/02)