

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC 22 PM 5:19  
SECRET  
TALLAHASSEE, FL

DOCUMENT # P01000069390

1. Corporation Name  
Brokers International Network, Inc

2. Principal Office Address  
2655 Le Jeune Rd

Suite, Apt. #, etc.  
500

City & State  
Coral Gables FL

Zip Country  
33134 USA

3. Mailing Office Address  
7741 NW 7st

Suite, Apt. #, etc.  
209

City & State  
Miami FL

Zip Country  
33126 USA

REINSTATEMENT 04-05  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 7/13/2001

5. FEI Number  
65-1122123

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75. Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Patricia SUAREZ

Street Address (P.O. Box Number is Not Acceptable)  
7741 NW 7st #209

Suite, Apt. #, Etc.  
#209

City MIAMI

600062113326  
12/13/05--01025--006 \*\*750.00

600062113326  
01/19/06--01011--009 \*\*150.00

State Zip Code  
FL 33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent *Pat Suarez*  
REGISTERED AGENT MUST SIGN

Date 11/17/05

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.	Patricia Suarez	7741 NW 7st #209	MIAMI - FL 33126
V-Pres	Patricia Suarez	7741 NW 7st #209	MIAMI - FL 33126
Secy	Patricia Suarez	7741 NW 7st #209	MIAMI - FL 33126
Treas.			

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: *Pat Suarez* (PATRICIA SUAREZ)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/17/05/401-3001  
Daytime Phone # (305)