

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000076794

1. Corporation Name

BRAZIL ROCKS INTERNATIONAL, INC.

Principal Place of Business

7022 TPC SUITE 400
ORLANDO FL 32822

Mailing Address

7022 TPC SUITE 400
ORLANDO FL 32822

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~8008 NW 31st Ave #1504~~
GAINESVILLE, FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/2001

5. FEI Number

59-3738349

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	DE OLIVEIRA, ALBANY ALVES	7022 TPC SUITE 400	ORLANDO FL 32822
PD	MATOS, JANILTON S	7022 TPC SUITE 400	ORLANDO FL 32822

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUMER, BARRY N ESQ
5728 MAJOR BLVD SUITE 311
ORLANDO FL 32819

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 MAR 16 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400028012454
03/16/04--01074--001 **150.00

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02/02/04--01057--018 **150.00

REINSTATEMENT

B-54

CR2040 (7/03)