PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ··· 'FOR REINSTATEMENT



8. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000079351 DOCUMENT

1. Corporation Name

BROTHER'S INVESTMENTS USA, INC.

Principal Place of Business

Mailing Address

7821 NW 163RD ST

MIAKI LAKES FL 23014 33016

7821 NW 163RD ST

MIAKI LAKES FL 2014 33014

BENTONISHED 1903 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 08/13/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number - Applied For City & State City & State 65-1129191 Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director MIAKI LÁKES FL 33014 33014 7821 NW 163RD ST PTD DELGADO, CARLOS MIAKI LAKES FL-33014 33016 7821 NW 163RD ST SVD DELGADO, HUMBERTO 400024055754 10/23/03--01079--022 **150.00

		Name	
DELGADO, CARLOS 7821 NW 163RD ST MIAKI LAKES FL 33014 33016	t .	 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
		City State FL	Zip Code

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.

Registered Age

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 filling 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 lighted 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

9. Name and Address of New Registered Agent

ÉILÉD

03 OCT-23 AM 10: 25

SECHETARY OF STATE TALLAHASSEE, FLORIDA

To whom it way Concern:

I Capies Delyapo President of Brother's Investments

USA, Inc. diel not Recieved my 2003 Anoak Pepart or

Uniform Bussness Report that why my Application was

not there on time.

If you should have Any Questions please do not heart to contact me At my cell # (78G)586-943 of home # (305) 828-7164.

Sincerely Yours

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