

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

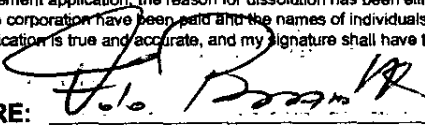
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000106331			
1. Corporation Name BRL HOLDING CORPORATION			
2. Principal Office Address 1985 NW 88th COURT		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33172	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/05/2001	
5. FEI Number 48-1255777	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name GABRIEL S. DIAZ-SARMIENTO, CPA	
Street Address (P.O. Box Number is Not Acceptable) 1985 NW 88th COURT	
Suite, Apt. #, Etc. SUITE 201	
City MIAMI	State FL
Zip Code 33172	

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 6/7/03
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
PSD	BRAVO, FERNANDO	CALLE 98 #17-34, OFICINA 219-1	BOGOTA, COLOMBIA
D	PILAR CORTES	CALLE 98 #17-34, OFICINA 219-1	BOGOTA, COLOMBIA
SD	BRAVO, ANDRES FERNANDO	CALLE 98 #17-34, OFICINA 219-1	BOGOTA, COLOMBIA

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	BRAVO, FERNANDO Date 05/21/2003 (305) 594-9759 Daytime Phone #

CR2E081 (10/02)

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