PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	ALL INOTROOT			FILE	<u> </u>		
CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P01000113317 1. Corporation Name			UJ AFA	03 APR -8 AH II: 33 SECRETARY OF STATE FALLAHASSEE, FLORIDA			
			, vertiful	בישרפא	. FLORIDA		
BRUSCA FINANC	TAL GROVP, INC	ć.			•		
2. Principal Office Address	3. Mailing Office Address		9001 04/08/03-	900015469459 04/08/0301047007 **300.08			
224 DATURA ST	224 195029 55						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4 Date Income	orated or	Qualified		
Suisi 1414			4. Date Incorporated or Qualified To Do Business in Florida /// 200 /				
City & State			5. FELNumber	·		pplied Fo	
Wiss Min BEACH, FL	Hest Men Bin		65.	1/5	1765 N	ot Applica	
33401 My BEALI	33401	PAIM BEALD	6. CERTIFICATE	OF STATU	S DESIRED 58.75 Additions for a Certification		
•	7. Name and Ad	idress of Current Regis	tered Agent				
Name Nic Holas	BRUSCA					1	
Street Address (P.O. Box Number is						-1	
265 4/651		CALLE				j	
Suite, Apt. #, Etc.							
City DECARY BENCH				State FL	Zip Code 33 445	1	
8. I, being appointed the registered agent of the at		miliar with and accent the	oblinations of section	n 607 050			
Signature of	7//				4//		
Registered Agent	DECORPTEDED ACENT MUST	Olovi		Date _	<u> </u>		
	REGISTERED AGENT MUST	SIGN					
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida nonprof	it corporations must list a	t least 3 directors)				
	Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors						
Person Northour Bausco 265 VEST CURRE 2		MARI CIRCLE	II.	CRAY BEAUTE	33445		
							
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I certify that I am an officer or director or the recthis reinstatement application, the reason for director owed by the corporation have been paid and	ssolution has been eliminated,	the corporate name satisf	fies the requirements	of section	607.0401 or 617.0401, F.S., th	at ali fees	
on this application is true and accurate, and my	signature shall have the same	legal effect as if made ur	nder oath.	,	561.659	.7714	
11.0			' 41	//		•	
SIGNATURE: SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFF	ICER OR DIRECTOR		03	56/-44/- Davtime Phone #	4252	
NicHoLAS 5					0/4	10	

Brusca Financial Group, Inc. Telephone: 561 659-7714 www.bruscagroup.com 224 Datura Street, Suite 1416 West Palm Beach, FL 33401 NICHOLAS J. BRUSCA, CFP PRESIDENT

April 3, 2003

Dept of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

Re: Corporation Reinstatement Brusca Financial Group, Inc. Tax ID # 65-1151765

To Whom It May Concern:

Please find the attached Corporation Reinstatement Form. Our status has lapsed due to a mailing error. Our old address of 777 East Atlantic Ave, Delray Beach, Fl 33483, has since changed. Our mail was not forwarded correctly and we were unaware that our corporation has been de-activated.

Please note the enclosed check in the amount of \$300 to bring our status back to active. Our new address is as follows:

Brusca Financial Group, Inc. 224 Datura St, Suite 1414 West Palm Beach, Fl 33401

Please do not hesitate to call if you have any questions.

561-659-7714

Sincerely

Nicholas J Brusca, CFP Certified Financial Planner