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FROM :DELANCYHILL FAX NO. :7867770184 Jun. 23 2003 02:58PM P2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETI

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114830

1. Corporation Name: David Bromley, Inc.

2. Principal Office Address	3. Mailing Office Address
1825 Ponce de Leon Blvd.	Same
Suite, Apt. #, etc.: 363	Suite, Apt. #, etc.:
City & State: Coral Gables, FL	City & State:
Zip: 33134 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/05/2001

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Marlon A. Hill, Esq.

Street Address (P.O. Box Number is Not Acceptable): 200 S Biscayne Blvd, Suite 2680

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33131

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: [signature] Date: 6/23/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D/P	David Bromley	1825 Ponce de Leon Blvd. Suite 363	Coral Gables, FL 33134
		REINSTATEMENT 02-03	

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] Date: 6/23/03 Daytime Phone #: 305 301-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State
Division of Corporations
Public Access System

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(((H03000219156 4)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

SYK

CORPORATION REINSTATEMENT

DAVID BROMLEY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75