

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -5 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012639

1. Corporation Name

Britenets Solutions of Miami, Inc

2. Principal Office Address

11020 Pembroke Rd.

Suite, Apt. #, etc.

#178

City & State

Miramar

Zip

FL

Country

33025

3. Mailing Office Address

Suite, Apt. #, etc.

SA ME

City & State

SA ME

Zip

SA ME

Country

SA ME

REINSTATEMENT 03-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/4/02

5. FEI Number

45-0468544

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

Alejandro J. Morad

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

11020 Pembroke Rd.

Suite, Apt. #, Etc.

#178

City

Miramar

888841611498

10/05/04--01076--018 **900.00

State

FL

Zip Code

33025

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 9/27/04

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
P	Alejandro J. Morad	11020 Pembroke Rd. #178	Miramar, FL 33025

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/04

Date

786-486-6387

Daytime Phone #

CR2E081 (01/04)