

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000022361**

1. Corporation Name

BRAVA SOFTWARE, INC.

Principal Place of Business

Mailing Address

8201 BOCA RIO DRIVE
BOCA RATON FL 33433

8201 BOCA RIO DRIVE
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1665 LEXINGTON AVE

Suite, Apt. #, etc.

104

City & State
DELAND, FL

Zip
32724

Country

3. New Mailing Office Address, If Applicable

1665 LEXINGTON AVE

Suite, Apt. #, etc.

104

City & State
DELAND, FL

Zip
32724

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BEATO, CARLOS	8201 BOCA RIO DRIVE	BOCA RATON FL 33433
D	OLIVEIRA, LEANDRO	340 F AYESBURY CIRCLE	DELAND, FL 32720

400025759484
12/24/03--01070--007 **750.00

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **11/26/03**

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 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:

Carlos Beato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/03 (561) 702-6584

Date

Daytime Phone #

CR2040 (7/03)