

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 24 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025724

1. Corporation Name

BROBE, INC

**REINSTATEMENT 03**

200025757002  
12/24/03--01040--021 \*\*150.00

2. Principal Office Address

9500 SW 3RD STREET

3. Mailing Office Address

9500 SW 3RD STREET

Suite, Apt. #, etc.

A104

Suite, Apt. #, etc.

A104

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33428

Country

PALM BEACH

Zip

33428

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

03.08.02

5. FEI Number

02-0560696

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

PHILBERT HILLIMAN

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

3551 NW 95th TERR. #1-

Suite, Apt. #, Etc.

303

City

SUNRISE

State  
FL

Zip Code

33351

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]*

REGISTERED AGENT MUST SIGN

Date

12.17.03

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
PRES	MEHMET A. GULECEK	9500 SW 3RD STREET A104	BOCA RATON, FL 33428
SEC/TRES	FUNDA EROGUZ	9500 SW 3RD STREET A104	BOCA RATON, FL 33428

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

12.17.03

Date

954-975-5907

Daytime Phone #

CR2E081 (10/02)

Brobe, Inc  
9500 SW 3<sup>rd</sup> Street. A104  
Boca Raton, FL 33428  
Doc. # P02000025724  
December 18, 2003

Department of State  
Division of Corporation  
P.O Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Corporation

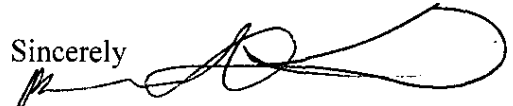
To Whom It May Concern:

The above corporation was formed on March 8, 2002, and the officers did not realize that a uniform business report must be filed every year. Our company did not receive a uniform business report, as such; we the officers of this company are asking the state to waive the reinstatement fee.

In the future, we the officers of this company will make it our duty to file this report on January of every year.

Thanks for your cooperation.

Sincerely

  
Mehmet Gulecek