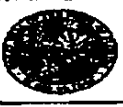


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 APR 25 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 03-05																					
DOCUMENT # P02000067024 1. Corporation Name BRAKE LINKS INC																									
2. Principal Office Address 1000 Ballyshannon Pkwy, Suite, Apt. #, etc.			3. Mailing Office Address 1000 Ballyshannon Pkwy., Suite, Apt. #, etc.																						
City & State Orlando, FL 32828 Zip 32828 Country USA			City & State Orlando, FL 32828 Zip 32828 Country USA																						
4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 043676623 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐																									
7. Name and Address of Current Registered Agent Name Agents and Corporations, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite R, 773 Ath Avenue North Suite, Apt. #, Etc. City Naples State FL Zip Code 34102																									
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S. Signature of Registered Agent <u>David Williams</u> Date <u>4/21/05</u> REGISTERED AGENT MUST SIGN																									
9. Names and Home Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Colin Davis</td> <td>1000 Ballyshannon Pkwy</td> <td>Orlando, FL 32828</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	President	Colin Davis	1000 Ballyshannon Pkwy	Orlando, FL 32828												
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President	Colin Davis	1000 Ballyshannon Pkwy	Orlando, FL 32828																						
10. I certify that I am an officer or director of the receiver or trustee empowered to submit 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(2)(b), 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: <u>Colin Davis</u> <u>[Signature]</u> Date <u>4-20-05</u> <u>513 227 1941</u> SIGNATURE AND TYPED OR PRINTED NAME OF RECEIVING OFFICER OR DIRECTOR																									

T. Roberts APR 25 2005

Florida Department of State
Division of Corporations
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Account Number : I20010000112
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CORPORATION REINSTATEMENT

BRANE LINKS INC

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