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 EFF 03-05

DOCUMENT # P02000067024

1. Corporation Name

BRANK LINKS INC

2. Principal Office Address	3. Mailing Office Address
1000 Ballyshannon Pkwy.	1000 Ballyshannon Pkwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32828 Country: USA	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 E, 771 4th 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 607.0505 or 617.0505, F.S.

Signature of Registered Agent: David H Williams Date: 4/21/05

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
Presidt	Colin Dezia	1000 Ballyshannon Pkwy	Orlando, FL 32828

10. I certify that I am an officer or director of 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: Colin Dezia CD 4-20-05 513 227 1941

SIGNATURE AND TYPED OR PRINTED NAME OF RECORD OFFICER OR DIRECTOR — Date — Daytime Phone #

T.Roberts APR 25 2005

Florida Department of State

Division of Corporations
Public Access System

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

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

CORPORATION REINSTATEMENT

BRANE LINKS INC

Certificate of Status	0
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