

H0400009912233

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

DIVISION OF STATE
CORPORATION

04 JUN 29 PM 4:25

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000074563

1. Corporation Name

BRASS MANAGEMENT, INC.

2. Principal Office Address

1210 MANAGEMENT, INC.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33138

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0630371

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$1.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

VARNEY, RONALD

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

1210 NE 83RD. STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

REGISTERED AGENT MUST SIGN

Date

5/5/04

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
PD	VARNEY, RONALD	1210 NE 83RD. STREET	MIAMI FL. 33138
VP	SUARRZ, JESUS	1210 NE 83RD. STREET	MIAMI FL. 33138

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)(p), 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

Date

5/5/04

Daytime Phone #

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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

BRASS MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

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