

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 OCT 21 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000083827**

1. Corporation Name

BRITO NETWORK, INC.

Principal Place of Business

Mailing Address

21953 SW 97 PL
MIAMI FL 33190

21953 SW 97 PL
MIAMI FL 33190



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT 03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2002

City & State

City & State

5. FEI Number

11-3647654

Applied For

Not Applicable

Zip

Country

Zip

Country

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	BRITO, FLOR MAGALY	21953 SW 97 PL	MIAMI FL 33190

07/11/03 90054 032 \$158.75

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRITO, FLOR MAGALY
21953 SW 97 PL
MIAMI FL 33190

Name

Omar J. Brito (D)

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

21953 SW 97 PL

Suite, Apt. #, Etc.

Miami FL 3

City

State

Zip Code

FL

33190

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

REGISTERED AGENT MUST SIGN

Date

10/17/03

10/9/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

305-259-0418

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000083827**

1. Entity Name
BRITO NETWORK, INC.



Principal Place of Business
**21953 SW 97 PL
MIAMI FL 33190**

Mailing Address
**21953 SW 97 PL
MIAMI FL 33190**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3647654

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRITO, FLOR MAGALY
21953 SW 97 PL
MIAMI FL 33190**

Name

Omar J. Brito

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

21953 SW 97 PL

City

Miami

FL

Zip Code

33190

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2000 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, FLOR MAGALY 21953 SW 97 PL MIAMI FL 33190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Omar J. Brito 21953 SW 97 PL miami, FL 33190 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Omar J. Brito

7/6/03

305-301-4034

Brito Network Inc

October 17, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O.Box 3227
Tallahassee, Florida 32314-6327

RE: Document P02000083827

Dear sir/Madam:

After learning that my application for waiver has been rejected because the signing officer was not in the original paper. I would like to clarify that it must have been my mistake. In July when I sent the application with the \$158.55 I wrote down the change in the name of the main officer of the corporation, and I thought it was sufficient. (Enclosed copy of the application).

Please I want to do the proper action therefore I am re-sending the application with the name of the correct officer.

Once again I respectfully request that you waive the late and the reinstatement fee.

Looking forward to hear from you soon

A handwritten signature in black ink, appearing to be 'Omar J. Brito', written over a horizontal line.

Omar J. Brito