


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

10F2

DOCUMENT # P02000085174		
1. Entity Name BRAIN FACTORY, INC.		


FILED

06 MAR 20 11 9:26

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business 719 SUNFLOWER CIRCLE WESTON, FL 33327	Mailing Address 719 SUNFLOWER CIRCLE WESTON, FL 33327
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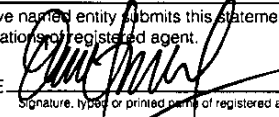
2. Principal Place of Business <b>1200 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. <b># 2318</b> City & State <b>MIAMI - FLORIDA</b> Zip <b>33131</b> Country <b>USA</b>	3. Mailing Address <b>1200 BRICKELL BAY DRIVE</b> Suite, Apt. #, etc. <b># 2318</b> City & State <b>MIAMI - FLORIDA</b> Zip <b>33131</b> Country <b>USA</b>
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REINSTATEMENT 03112006 REIN-P	CR2E098 (F705) <b>0504</b>
4. FEI Number 52-2374590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOMEZ-SAMPEDRO, ANA MARIA 719 SUNFLOWER CIRCLE WESTON, FL 33327	
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7. Name and Address of New Registered Agent Name <b>ANAMARIA GOMEZ SAMPEDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 BRICKELL BAY DRIVE #2318</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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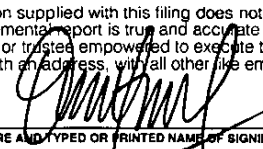
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GOMEZ-SAMPEDRO, ANA MARIA 719 SUNFLOWER CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fees empowered.

SIGNATURE:  03/10/2006 (786) 333-0701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

Miami March 10, 2006

**FLORIDA DEPARTMENT OF STATE  
Division of Corporations**

Ref.: DOC P02000085174 Brain Factory Inc

Appreciated Secretary of State

Attach Check #129 Washington Mutual for \$300, in order to pay fees corresponding to 2005 and 2006, of my corporation Brain Inc. Factory, and once again, the change of my address, since did not receive the notification of payment corresponding to 2005.

I hope consider my request and appreciating of its attention to them

Thanks in advance



Anamaria Gomez-Sampedro

Att; Check Washington Mutual 129 (\$300)