


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>62000085772</u>			
1. Corporation Name BRATHWAITE CONSULTING ENTERPRISE			
2. Principal Office Address 2535 JARDIN LANE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WESTON, FL		City & State	
Zip 33327	Country BROWARD	Zip	Country

FILED

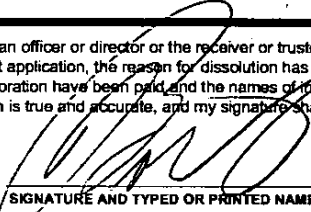
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TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 32-0045099	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JORGE A BRATHWAITE		
Street Address (P.O. Box Number is Not Acceptable) 2535 JARDIN LANE		
Suite, Apt. #, Etc.		
City WESTON	State FL	Zip Code 33327

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03/22/05--01028--011 **451.00

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		Date	
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
CEO	JORGE BRATHWAITE	2535 JARDIN LANE	WESTON, FL 33327
SEC	DERRICK BRATHWAITE	2535 JARDIN LANE	WESTON, FL 33327
DIREC	MOZELLE BRATHWAITE	2535 JARDIN LANE	WESTON, FL 33327
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)(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: 		3-3-05	954-559-2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)

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BRATHWAITE CONSULTING ENTERPRIS
EIN 32-0045099
2535 Jardin Lane
Weston FL 33327

March 3, 2005

Florida Department of State
Division of Corporations
Corporate Re-Instatement Section
PO Box 6327
Tallahassee, FL 32314

Subject: Request for Waiver of Re-Instatement Fee

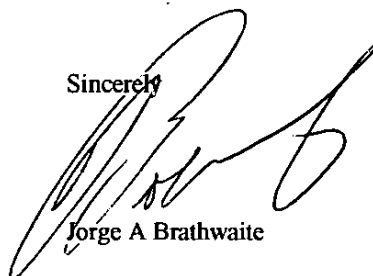
Dear Examiner Corporate Re-Instatement Section,

This is to request a waiver of the usual \$600.00 corporation re-instatement fee as, to the best of my recollection I did not receive the notice and did not realize this omission given that the contemplated business strategy did not materialize within the anticipated timeframes and nothing was happening with this corporate entity.

Enclosed is my check for \$150.00 for each of the years 2003, 2004, and 2005 as per the instructions.

Your attention and concurrence with this waiver request would be most sincerely appreciated.

Sincerely



Jorge A Brathwaite