2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000090858						, F!	ILED -			
1. Entity Name 3 BROTHER'S INC.					04 DEC -6 PM 3: 58					
			1			U4 DEC	0TA	τ		
Principal Plac	e of Business	Mailing Address	1			SECRET	ARY OF STA ASSEE, FLOR	NUV LE		
			URE COVE LANE			TALLAHA	122EE' (FO.	(IDA		
FT PIERCE, F	L 34982 US	VERO BEACH, FL 32963	3 US				***		10 1000	
Principal Place of Business										
z, micipair	S. Walling Address				JAHA HEH TULH BUIL E	DIN DCHE IDIH DCHENKEL	EMEN INICE	(A LLB)		
Suite, Apt.	#. elc.	Suite, Apt. #, etc.		10282004	REIN-P	CR2E098 (6	5/04)			
City & Stat	e .	City & State	City & State		4. FEI Number	19934		Applie Not A	ed For pplicable	
Zip	Country	Zip	Zip Country			of Status Desired		5 Additio		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
Name										
URSO, VITO T 4307 US 1				Street Address (P.O. Box Number is Not Acceptable)						
VERO BE	ACH, FL 32960			 			· · · · · · · · · · · · · · · · · · ·			
			City				FL Zi	p Code		
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 obligat	tions of registered agent.	1 < 1)						
SIGNATURE.	Signature: typod or printed riame of registered agent a	J / , 7 and into it applicable. (NOTE:	Registered Agent a	Ignature requir	red when reinstating)		//- 3	0-0	<u>-</u>	
		· · · · · · · · · · · · · · · · · · ·						• •		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				•		In accordance corporation did	with s. 607.193(2 d not receive the p	2)(b), F.S prior noti	S., the ce.	
10.	OFFICERS AND		11.		ADDITIONS/C	CHANGES TO OF	FICERS AND DIREC			
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indicated of the cor	on this report or supplemental report is poration or the receiver of frustee employers.	true and accurate and that my wered to execute this report as	ne exemption s r signature shall s required ball	tated in Set I have the s thanter 607	ction 119.07(3)(i) same legal effect Florida Statutes	, Florida Statutes. as if made under t and that my pan	. I further certify that oath; that I am an c	the inform	nation director	
12. I hereby certify that the information supplied with this filling 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 reports true and accurate and that my signature shall have the same legal aftect as if made under oath; that I am an officer or director of the corporation or the receiver of 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: 6 1/11-30-04 >>2-231-9670										
	SIGNATURE AND TYPED ON T	RATED NAME OF SIGNING OFFICER OF	R DIRECTOR		/ '	Date	Daytime Ph	une#		

JEffery F. Loforte Jr.