
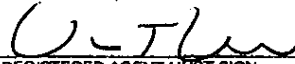



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO2000090858					
1. Corporation Name 3 Brother's Inc.					
2. Principal Office Address 3347 South US 1 Suite, Apt. #, etc.			3. Mailing Office Address 1470 Treasure Cove Lane Suite, Apt. #, etc.		
City & State Ft. Pierce, Florida Zip 34982 Country USA			City & State Vero Beach, Florida Zip 32963 Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 8-21-2002					
5. FEI Number <input checked="" type="checkbox"/> 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 Vito T. Urso					
Street Address (P.O. Box Number is Not Acceptable) 4307 US 1					
Suite, Apt. #, Etc.					
City Vero Beach, State FL Zip Code 32960					
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 9-24-2003 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		
P/T/S/ D	Jeffery F. LoForte Jr.	1470 Treasure Cove Lane	Vero Beach, FL 32963		
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:  Date 10-2-2003 Daytime Phone # 772-234-8350 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CPED081 (10/02)

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To: Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

From: 3 Brother's Inc.
1470 Treasure Cove Lane
Vero Beach, FL 32963
Jeffery F. LoForte Jr. President

RE: Reinstatement

To whom it may concern,

Per conversations with the Department of State I have enclosed a filled out a reinstatement form with the required fee of \$150.00.

Also at this time I am requesting that all penalties and fees be waived due to the fact that I did not receive the original reports that were sent to me. I was told that they were sent back to the Department of State.

I look forward to hearing from you concerning this matter

Sincerely,

Jeffery F. LoForte Jr.

Jeffery F. Loforte Jr.
772-234-8380