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FILED
04 MAY 17 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000110144

1. Corporation Name
BRAVO DISTRIBUTION CORP.

REINSTATEMENT 03-04 MRS

2. Principal Office Address	3. Mailing Office Address
2898 NW 79TH AVENUE	2898 NW 79TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/2002

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $7.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOSE FERNANDO CORREA

Street Address (P.O. Box Number is Not Acceptable): 10973 NW 73RD TERRACE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 05/12/04

CR2E09 (01/04)

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/D	JOSE FERNANDO CORREA	10973 NW 73RD TERRACE	MIAMI, FL 33178
VP/D	ROMEL CAMACHO CUELLAR	ALALHIDA JOADUIM	
		EUGENIO DE LIMA NO.1213	APT. 12 JD. PAULIAGA
		SAOU PAULO, BRAZIL	

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: _____ JOSE FERNANDO CORREA 05/12/2004 305-471-8978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

BRAVO DISTRIBUTION CORP.

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