

H04000104440 3.

182

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 MAY 17 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000110144			
1. Corporation Name BRAVO DISTRIBUTION CORP.			
2. Principal Office Address 2898 NW 79TH AVENUE		2. Mailing Office Address 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

REINSTATEMENT

03-04
MRS

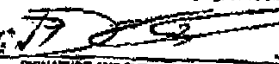
4. Date Incorporated or Qualified To Do Business in Florida 10/11/2002	
5. FRI Number	☒ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ 62.75 Additional Fee required for a Certificate of Status	

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 607.0605 or 617.0505, F.S.	
Signature of Registered Agent	Date 05/12/04
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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
		SAO 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 118.07(3)(b), 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 #

H04000104440 3

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000104440 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing

Public Access Help