

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 25 PM 2:32

DOCUMENT #P03000005350

1. Corporation Name

BRAVIN MARK FINANCIAL, INC.

REINSTATEMENT 09-11

300212709513  
10/25/11--01032--000 \*\*\$600.00

2. Principal Office Address - No P.O. Box #

1876 NE 53rd St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach/Florida

City & State

Zip

33064

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/15/2003

5. FEI Number

74-3075684

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lauro B Freitas

Street Address (P.O. Box Number is Not Acceptable)

1876 NE 53rd St

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

W11-50543

300212709513  
09/29/11--01018--009 \*\*\$450.00

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 09/26/2011

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| PC     | Lauro B Freitas                      | 1876 NE 53rd St                                   | Pompano Beach/FL/33064 |
| VD     | Maria Freitas                        | 1876 NE 53rd St                                   | Pompano Beach/FL/33064 |
| TMD    | Achilles De Leao                     | 1876 NE 53rd St                                   | Pompano Beach/FL/33064 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

REINSTATEMENT

2009-11

1,050.00

2010/26

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

09/26/2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #