

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030780

1. Corporation Name

BRAGA & COHEN BUILDING IMPROVEMENTS CORPORATION

5008 EASTWINDS DR.

5008 EASTWINDS DR.

2. Principal Office Address

5008 EASTWINDS DR.

3. Mailing Office Address

5008 EASTWINDS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

Zip

32819

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-1049053

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

SERGIO R. VAZ BRAGA

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

5008 EASTWINDS DR.

600043174386

12/03/04--01048--002 **150.00

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

S. V. Braga

REGISTERED AGENT MUST SIGN

Date

11/30/04

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
DPST	SERGIO R. VAZ BRAGA	5008 EASTWINDS DR.	ORLANDO FL 32819

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:

S. V. Braga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/04

Date

(407) 370-6445

Daytime Phone #

11/28/2004

DIVISION OF CORPORATIONS
Uniform Business Report
P.O.Box 1500
Tallahassee, FL 32302-1500

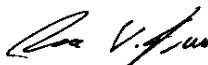
Ref.: BRAGA & COHEN BUILDING IMPROVEMENTS CORPORATION .
P03000030780
2004 ANNUAL BUSINESS REPORT

Dear Sir/Madam:

Enclosed please find the corporation reinstatement duly signed and a money order for the amount of \$150.00 according to your instructions given by phone to keep this company active.

We want to apologize for the late date we are filing this fee, but the annual report form, for 2004 was not received by the company.

We thank you in advance for your help and understanding.


Sergio R. Vaz Braga
President