

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 030000 73066

1. Corporation Name
BRAVO WORLDWIDE & ASSOC. INC.

700168106507
02/05/10--01035--011 **450.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
452 NE 30 ST

3. Mailing Office Address
PO BOX 370386

Suite, Apt. #, etc.
SUITE #2

City & State
MIAMI FL

Zip Country
33137 USA

4. Date Incorporated or Qualified
To Do Business in Florida 07-02-2003

5. FEI Number
59-3570344

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TRAVIS NEFF

Street Address (P.O. Box Number is Not Acceptable)
452 NE 30 ST

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33137

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 2-1-2010
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	Travis Neff	(same as above)	

REINSTATEMENT

RH

10. E-mail Address: bravotne@gmail.com
(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., 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.

SIGNATURE: 2-1-2010 305-599-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #