

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -2 AM 10: 37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000030632**

1. Corporation Name

**BRAVA MARKETING AND
DISTRIBUTION INC.**

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

8613 NW 54 ST

Suite, Apt. #, etc.

City & State

DORAL FLORIDA

Zip

33166

Country

MIAMI DADE

3. Mailing Office Address

6523 SW 114 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33173

Country

MIAMI DADE

REINSTATEMENT 05-07

05/02/05 90385.042 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2004

5. FEI Number

83-0387108

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

KEITH A FORBES

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

6523 SW 114 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33173

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/29/2007**

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 | RAWLINS AMAR | 11724 SW 17 CT | MIRAMAR FL 33025 |
| T.S | VINDRA AMAR | 11724 SW 17 CT | MIRAMAR FL 33025 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

700095351717
04/10/07--01039--011 **908.75

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAWLINS AMAR
PRESIDENT**

3/29/07 7866836055

Date

Daytime Phone #

Ch 1186 \$908.75

3/29/07