


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125134 1. Entity Name BRAHAM ENTERPRISES, INC.					
Principal Place of Business 1045 PALM BEACH ROAD SOUTH BAY, FL 33493			Mailing Address 1045 PALM BEACH ROAD P.O. BOX 695 SOUTH BAY, FL 33493		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State South Bay, FL		City & State South Bay, FL		4. FEI Number 20-1559088	
Zip 33493		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUMMER, CHRIS S 126 SUNFLOWER CIRCLE ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent CHRIS PLUMMER 150 KINGS WAY ROYAL PALM BEACH FL 33411	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>CDL</i></u> DATE: <u>9/22/08</u> <small>Signature, typed or printed name of registered agent and list if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAHAM, DANAVON 1045 PALM BEACH ROAD SOUTH BAY, FL 33493		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600136619176 10/03/08--01056--014 **308.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Danavon Braham</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>9/22/08</u> DAYTIME PHONE: <u>561-310-1739</u>		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 24 AM 10:07-08
REINSTATEMENT



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