

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000136337

1. Entity Name  
BRAVO COMMUNICATION CORP.



FILED

08 DEC 12 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10591 S.W. 56TH TERRACE  
MIAMI, FL 33175

Mailing Address  
10591 S.W. 56TH TERRACE  
MIAMI, FL 33175



REINSTATEMENT

CR2E098 08

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
56-2482309

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip 33173

Country USA

Zip 33173

Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIGUEL, JORGE D  
8879 SW 131 CT #210  
MIAMI, FL 33186

Name JORGE D MIGUEL  
Street Address (P.O. Box Number is Not Acceptable)  
10591 SW 56 TERRACE  
City MIAMI FL Zip Code 33173

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 X Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/30/2008

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$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 DPV  
NAME MIGUEL, JORGE D  
STREET ADDRESS 8879 SW 131 CT #210  
CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete

TITLE DPV  
NAME CORRECT ADDRESS  
STREET ADDRESS 10591 SW 56 TERRACE  
CITY-ST-ZIP MIAMI FL 33173 ☒ Change ☐ Addition

TITLE ST  
NAME MIGUEL, JORGE D  
STREET ADDRESS 8879 SW 131 CT #210  
CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete

TITLE ST  
NAME CORRECT ADDRESS  
STREET ADDRESS 10591 SW 56 TERRACE  
CITY-ST-ZIP MIAMI FL 33173 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2008

Date

7867129837

Daytime Phone #