

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000158092

1. Entity Name  
BRACS INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 28 AM 9:21

Principal Place of Business

6060 NW 44TH WAY  
COCONUT CREEK, FL 33073

Mailing Address

4468 NW 64 ST  
6060 NW 44TH WAY  
COCONUT CREEK, FL 33073

REINSTATEMENT 05-06



2. Principal Place of Business

4468 N.W. 64th St  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03222006 REIN-P CR2E098 (11/05)

City & State

Coconut Creek FL  
33073

City & State

City & State  
Zip  
Country

4. FEI Number

81-0658540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEJIA, JAIME  
6060 NW 44TH WAY  
COCONUT CREEK, FL 33073

4468 N.W. 64th Street  
Coconut Creek FL  
33073

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Mejia, Jaime  
4468 N.W. 64th Street  
Coconut Creek, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
000069548610  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #