


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> <i>2008 AR</i>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  08 AUG -1 PH 3:48  SECRETARY OF STATE TALLAHASSEE, FLORIDA  <b>800134019088</b> 08/06/08--01011--009 **150.00 CR2E081 (1/07)	
<b>DOCUMENT #</b> P04000167500					
<b>1. Corporation Name</b>  BRAMAX CORPORATION					
<b>2. Principal Office Address - No P.O. Box #</b> 7125 Rue Granville Dr			<b>3. Mailing Office Address</b> 7125 Rue Granville Dr		
Suite, Apt. #, etc. 04			Suite, Apt. #, etc. 04		
City & State Miami Beach FLORIDA			City & State Miami Beach FLORIDA		
Zip 33141	Country USA	Zip 33141	Country USA	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/14/2004	
<b>5. - FEI Number</b> 20-2016252				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name SOLIZ, PEDRO P.					
Street Address (P.O. Box Number is Not Acceptable) 7125 Rue Granville Dr					
Suite, Apt. #, Etc. 04					
City Miami Beach				State FL	Zip Code 33141
<b>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.</b>					
Signature of Registered Agent <i>[Signature]</i> Date 07/23/2008 REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	SOLIZ, PEDRO P	7125 Rue Granville # 04		Miami Beach FL 33141	
V/P	SOLIZ, LILIANA	7125 Rue Granville # 04		Miami Beach FL 33141	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> PEDRO P. SOLIZ (President) 07/23/2008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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