



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000038565 1. Entity Name BRASS BULLS CORP.						06 OCT 24 2006 9:21	
Principal Place of Business 2855 N UNIVERSITY DRIVE STE 320 CORAL SPRINGS, FL 33065 <i>11555 Heron Bay Blvd.</i>				Mailing Address 2855 N UNIVERSITY DRIVE STE 320 CORAL SPRINGS, FL 33065			
2. Principal Place of Business 310 Suite, Apt. #, etc. <i>Coral Springs, FL</i> City & State		3. Mailing Address <i>11555 Heron Bay Blvd</i> Suite, Apt. #, etc. 310 <i>Coral Springs, FL</i> City & State		 REINSTATEMENT 10102006 REIN-P CR2E098 (11/05) <i>06</i>		4. FEI Number 05-0618774 Applied For <input type="checkbox"/> Not Applicable	
Zip 33076 Country US		Zip 33076 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOVITO, PAUL F JR 2855 N UNIVERSITY DRIVE STE 320 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000081130030 <i>10/24/06--01005--016 **\$150.00</i> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 PC <input type="checkbox"/> Delete NAME LOVITO, PAUL F JR STREET ADDRESS 2855 N UNIVERSITY DRIVE STE 320 CITY-ST-ZIP CORAL SPRINGS, FL 33065				TITLE <i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PAUL F. Lovito, JR STREET ADDRESS <i>11555 Heron Bay Blvd. #310</i> CITY-ST-ZIP Coral Springs, FL 33076			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE <i>Vice President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MATTHEW J. Lovito STREET ADDRESS <i>11555 Heron Bay Blvd #310</i> CITY-ST-ZIP Coral Springs, FL 33076			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE <i>CFO</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MARC A. Lovito STREET ADDRESS <i>11555 Heron Bay Blvd #310</i> CITY-ST-ZIP Coral Springs, FL 33076			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE <i>Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DARRIN J. Lovito STREET ADDRESS <i>11555 Heron Bay Blvd #310</i> CITY-ST-ZIP Coral Springs, FL 33076			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
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: <i>[Signature]</i> Pres. Paul Lovito <i>10/6/06 390-2464</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

OCT 24 2006