PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000023130

1. Corporation Name

BRAVO'S MILLWORK, INC.

REINSTATEMENT 07-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
500 SW 27TH TERRACE		500 SW 27TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
APT #1		APT #01	
City & State		City & State	
FORT LAUDERDALE, FLORIDA		FORT LAUDERDALE, FLORIDA	
Zip	Country	Zip	Country
33312	BROWARD	33312	BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 02/15/2006

5. FEI Number 20-4360706 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
AVIER BRAVO

Street Address (P.O. Box Number is Not Acceptable)
500 SW 27TH TERRACE

Suite, Apt. #, Etc.
APT # 01

City	State	Zip Code
FORT LAUDERDALE	FL	33312

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

Signature of Registered Agent Avier Bravo Date 09/24/2008
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTS	AVIER BRAVO	500 SW 27TH TERRACE #01	FORT LAUDERDALE, FL 33312
			000136439940
			09/29/08--01068--001 **300.00
	$74/29		

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.

SIGNATURE: Avier Bravo AVIER BRAVO -PRESIDENT 09/24/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #