

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015605

1. Corporation Name

BROOKWOOD INTERNATIONAL HOLDINGS
CORPORATION

2. Principal Office Address

310 JOHN RINGLING BLVD.

Suite, Apt. #, etc.

Suite 6

City & State

SARASOTA, FL

Zip

34236

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/02/93

5. FEI Number

65-0509880

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

JOHN D. DUMBAUGH

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

1900 RINGLING BLVD.

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34236

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

John D. Dumbaugh
REGISTERED AGENT MUST SIGN

Date Nov. 13, 2002

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
Pres. D	Edwin Molyneux-Webb	Suite 201, Neptune House	Marina Bay, Gibraltar
Sec. D	Paulina Molyneux-Webb	Suite 201, Neptune House	Marina Bay, Gibraltar

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 under section 119.07(3)(i), 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:

Edwin Molyneux-Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

Date

11-13-02 (941) 365-7171

Daytime Phone #

CR2E081 (9/01)

gt. 11/20