PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 MAY -4 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022538

Corporation Name
BRAY-INTERNATIONAL PROFESSIONAL SERVICES OF LONDON, INC.

300003263023--5
-05/23/00--01039--002
***1050.00 ***1050.00

Street Place of Business	Mailing Address
402 APPELROUTH LANE KEY WEST, FL 33040 -US	c/o MICHAEL L. BROWNING 402 APPELROUTH LANE KEY WEST, FL 33040 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
402	
Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip	Country / Zip

4. Date Incorporated or Qualified To Do Business in Florida: 01/20/93

5. FEI Number: 65-0406546 ☐ Applied For ☐ Not Applicable

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

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

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P	BRAY, JOHN J.	525 PETRONIA ST.	KEY WEST, FL 33040
D	BRAY, ELIZABETH J.	525 PETRONIA ST.	KEY WEST, FL 33040
D	BROWNING, MICHAEL L.	402 APPELROUTH LANE	KEY WEST, FL 33040
D	BOEHM, ROBERT P.	706 10TH STREET	MUKILTEO, WA 98275
D	TONY WILLIS	2432 FLAGLER AVE.	KEY WEST, FL 33040

8. Name and Address of Current Registered Agent

PARKS & NILES, P.A.
2432 FLAGLER AVE.
KEY WEST, FL 33040

REINSTATEMENT 98-02

9. Name and Address of New Registered Agent

Name: MICHAEL L. BROWNING
Street Address (P.O. Box Number is Not Acceptable): 402 APPELROUTH LANE
Suite, Apt. #, Etc.:
City: KEY WEST | State: FL | Zip Code: 33040

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 5-1-00

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐

(See other side for information on intangible tax.)

12. *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: _____ MICHAEL L. BROWNING 5-1-00 (305) 293-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #