PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

Bricksea Corp.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

02 OCT 11 PM 2: 15

SECRETARY OF STATE TALLAHASSEE. FLORIDA

DOCUMENT	#7930000MJ	am/
1. Corporation Name	7 900000019	0 19

2. Principal Office Address 3. Mailing Office Address 1000 East William Street 1000 East William Street Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 204 Suite 204 City & State City & State Carson City ,NV Carson City, NV Country Country 89701

Date Incorporated or Qualified To Do Business in Florida 10/26/93

5. FEI Number 65-0450592 Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required

USA	١	89701	USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee	
		7. Nam	e and Address of Current F	Registered Agent	
Name National Re	gistered Agent	s, Inc.	***************************************		
Street Address (P	O. Box Number is N	lot Acceptable) RK AUE	NUE	800008723508 10/31/0201033013 **1200	00
Suite, Apt. #, Etc.					. 00
City Talla	hassee	,		State Zip Code FL 30301	

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. National Registered Agents, Inc.

REGISTERED AGENT MUST SIGN

20mme CASWELL

10-8-07

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Joel Mallin	1000 East William St. Suite 204	Carson City, NV 89701
VP &	Dir-Roland Hennessey	1000 East William St. Suite 204	Carson City, NV 89701
VP &	Treas&Dir-Noah Mallin	1000 East William St. Suite 204	Carson City, NV 89701
Sec.	Dali Islam	1000 East William St. Suite 204	Carson City, NV 89701
Ass't	SecJanice A. Sullivan	1000 East William St. Suite 204	Carson City, NV 89701
Ass't	Treas-William J. Postiglione	1000 East William St. Suite 204	Carson City, NV 89701

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 filling 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:

Assistant Secretary

10-7-02 263-359-9441.

Date Daving Phone #