


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <i>P94000025305</i>			
<b>1. Corporation Name</b> <i>AmKodor - Bravo Florida, Inc.</i>			
<b>2. Principal Office Address</b> <i>3311 W. Bay To Bay Blvd.</i> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <i>3311 W. Bay To Bay Blvd.</i> Suite, Apt. #, etc.	
<b>City &amp; State</b> <i>Tampa FL</i>		<b>City &amp; State</b> <i>Tampa FL</i>	
<b>Zip</b> <i>33629</i>	<b>Country</b> <i>USA</i>	<b>Zip</b> <i>33629</i>	<b>Country</b> <i>USA</i>

**FILED**  
00 NOV 30 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REINSTATEMENT**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <i>4-1-94</i>	
<b>5. FEI Number</b> <i>59 3241836</i>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> <i>Michael A. McGann</i>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>3311 W. Bay To Bay Blvd.</i>	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> <i>Tampa</i>	<b>State</b> <i>FL</i>
<b>Zip Code</b> <i>33629</i>	

**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**

**Date** *29 Nov 00*

**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
<i>P/S/D</i>	<i>Robert J. Manley</i>	<i>2008 Lori Ann Street</i>	<i>Brandon FL 33510</i>
			<b>KE</b>

**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:**

*RJL Manley by POA Michael A McGann* *11-29-00* *8137484544*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**