

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 PM 12:51

DOCUMENT # **P95000035903**

1. Corporation Name

BRAVO FARMS, INC.

2. Principal Office Address

1370 NW 78 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

1370 NW 78 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

REINSTATEMENT

97-01

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

5/3/95

5. FEI Number

65-0586906

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

FRANK DECICCO

400004547614--6

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

5137 NW 32 AVENUE

08/21/01 01073-080

*****1358.75 ***1358.75**

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/23/01**

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
P/O/S	JOSEPH DE CICCO	2900 NE 14 STREET	POMPANO BEACH, FL. 33062
V/O/S	FRANK DE CICCO	5137 NW 32 AVE	MARGATE, FL. 33063
	1,200.00 - Adm		
	6.25 - AR		
	88.75 - ARsupp		AD
	8.75 - Cut		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/01 (305) 594-9551

Date

Daytime Phone #

CR2E081 (9/00)