*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 DEC 28 PM 2: 28
DOCUMENT # P95000055797		SECRETARY OF STATE
1. Corporation Name The Brickyard, Inc.		TALLAHASSEÉ, FLÖRÍÐA
2. Principal Office Address	3. Mailing Office Address	
1715 N. Harbor City Blvd. Suite, Apt. #, etc.	1775 N. Harbor City ava	EINSTATEMENTO ()
		4. Date Incorporated or Qualified 7/19/1965
City & State	City & State	5. FEI Number Applied For
Melbourne, FL zip Country	Melbourne, FL zip Country	593340042 Not Applicable
32935 USA	32935 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Michael H. Kahn, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 482 N. Harbox City Blvd.		
Suite, Apt. #, Etc.		
Melbourne		State Zip Code FL 32935
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 W. Kum		Date 12-26-06
REGISTERED AGENT MUST SIGN		
Titles Name of	d/or Director (Florida nonprofit corporations must list at le Street Address of Each	City / State / Zin
Officers and/or Directors	Officer and/or Director	
P Hermann Bo	ich	Carbao (1. 2 Da 181
		199082816761
		12/28/0601020012 ***9no.on
		200 0 2005
		K. Eckel ,DEC ,2 9 2006
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 contained in Chapter 119, 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: ACCURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #		