PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1/02

CORPORATION REINSTATEMENT

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

P95000075975
DOCUMENT # REINSTATEMENT (CORP)

FILED
01 OCT 15 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

1. Corporation Name

BRUSA INTERNATIONAL SOCCER INSTITUTE

2. Principal Office Address	**3.** Mailing Office Address
7041 GRAND NATIONAL DR.	7041 GRAND NATIONAL DR.
Suite, Apt. #, etc.: 234	Suite, Apt. #, etc.: 234
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-3338124 ☐ 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: JOSE THADEU GONCALVES
Street Address (P.O. Box Number is Not Acceptable): 7041 GRAND NATIONAL DR.
Suite, Apt. #, Etc.: 234
City: ORLANDO State: FL Zip Code: 32819

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 10-09-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
President	JOSE THADEU GONCALVES	1140 FINCH DR.	GULF BREEZE, FL 32561
Treasurer & Secretary	CHUCK EMLING		
V.P.	KEITH KERTELL	REINSTATEMENT 01	
V.P	TURNER DEAN		

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: JOSE THADEU GONCALVES 10-09-01 850-9163222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRUSA International Soccer Institute
Building the New Soccer Generation.

10 YEARS

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DEAR SIR OR MADAM.

THANK YOU FOR YOUR CARE AND ATTENTION. OUR COMPANY WILL BE MOVING TO ORLANDO, FLORIDA ON OCTOBER 22ND, 2001.

NEW ADDRESS:

BRUSA INTERNATIONAL SOCCER INSTITUTE.
7041 GRAND NATIONAL DR, SUITE 234.
ORLANDO, FL 32819
P.O. BOX 691732, ORLANDO, FL 32869-1732.

THANK YOU

SINCERELY

JOSE THADEU GONCALVES

P. O. Box 12307 • Pensacola, Florida 32581-2307 • 1-850-916-3222 • Fax (850) 916-0441 • www.brusa.net • info@brusa.net