

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 DEC 26 PM 12:31

DOCUMENT # P95000081358

1. Corporation Name

BARANN, INC

2. Principal Office Address

3738 LAKE BAYSHORE DR.

3. Mailing Office Address

3738 LAKE BAYSHORE DR.

Suite, Apt. #, etc.

K 430

Suite, Apt. #, etc.

K 430

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip Country

34205 USA

Zip Country

34205 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-24-1995

5. FEI Number

65-0623590

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

MERLIN BRIGNAL

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

3738 LAKE BAYSHORE DR

200004765672--1

Suite, Apt. #, Etc.

K 430

01/10/02 0108 --011

****150.00 *** *150.00

City

BRADENTON

State

FL

Zip Code

34205

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 12-21-2001

REGISTERED AGENT MUST SIGN

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/T	BARBARA BRIGNAL	3738 LAKE BAYSHORE DR. #K430	BRADENTON FL 34205
1/5	MERLIN BRIGNAL	3738 LAKE BAYSHORE DR. #K430	BRADENTON FL 34205

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:

MERLIN BRIGNAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-2001 941-751-3260

Date

Daytime Phone #

CRCE081 (9/00)

December 21, 2001

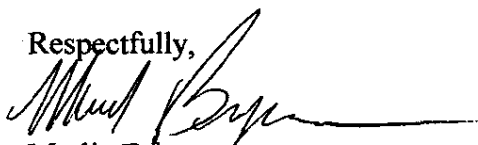
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: BARANN,Inc. P95000081358

To Whom it May Concern:

The annual report was not filed due to the non delivery of the filing papers. The cause of this is not known. We can only assume and error by the Postal Service.
We appreciate your tolerance in this matter as we have never missed a filing in the past.

Respectfully,



Merlin Brignac, secretary