

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -2 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094120

1. Corporation Name

Brevland, Inc.

2. Principal Office Address

11 Alston Road

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

3. Mailing Office Address

2121 Ponce De Leon Blvd
C/o Salomon Wainberg

Suite, Apt. #, etc.

#1100

City & State

Coral Gables, FL

Zip

33134

Country

US

REINSTATEMENT

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

12/12/95

SP

5. FEI Number

65-0631492

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

Ralph Fisch

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

11 Alston Road

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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****4500.00 ****300.00

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

REGISTERED AGENT MUST SIGN

Date

12/24/00

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 |
|--------|--------------------------------------|---|------------------------|
| D | Veale, William J | 399 Park Ave, 27 Flr, Box 27 | New York, NY 10022 |
| D | Wainberg, Solomon | 2121 Ponce De Leon Blvd #1100 | Coral Gables, FL 33134 |
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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:

William J. Veale

WILLIAM J. VEALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/2000 (212) 838-0793

Daytime Phone #