

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000094120

1. Entity Name  
BREVLAND, INC.



FILED

06 MAY -3 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11 ALSTON ROAD  
PALM BEACH GARDENS, FL 33418

Mailing Address  
C/O TRANSOCEANIC  
19495 BISCAYNE BLVD SUITE 805  
AVENTURA, FL 33180 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT**

11/05

0506

4. FEI Number  
65-0631492

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCH, RALPH  
11 ALSTON ROAD  
PALM BEACH GARDENS, FL 33418

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME VEALE, WILLIAM J  
STREET ADDRESS 205 EAST 63RD ST APT 2F  
CITY-ST-ZIP NEW YORK, NY 10021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WAINBERG, SOLOMON  
STREET ADDRESS 2121 PONCE DE LEON BLVD, STE 1100  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME MASSOE, ANDREW M  
STREET ADDRESS 19495 BISCAYNE BLVD., #805  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME WASIOLEK, DEBORAH J  
STREET ADDRESS 19495 BISCAYNE BLVD., #805  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

K. Eckel MAY 10 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

305 935 2100

Daytime Phone #