

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



DOCUMENT #

996000.003851

1. Corporation Name

BRAZEN GATE, INC.

97 DEC 15 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

23903 TENNESSEE ROAD
HOMESTEAD, FL 33031

97-AR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11. JAN. 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0631804

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	SEGUNDO S. RODRIGUEZ	23903 SW 167 AVE.	HOMESTEAD, FL 33031

900002376939--2
-12/18/97--01100--015
****165.00 ****165.00

A. Alan
12/15/97

8. Name and Address of Current Registered Agent

LAURA E. BERMEZ
23903 SW 167 Ave
Homestead, FL 33031

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Laura E. Bermez

REGISTERED AGENT MUST SIGN

Date

Dec. 11, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Segundo S. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 11-97 (305) 246-0083.
Date Daytime Phone #

CR25040 (12-96)



BRAZEN GATE, INC.

Custom Designed Gated Entries and Fences for Security and Beauty

(2)

December 11, 1997

VIA FEDERAL EXPRESS
#4922943060

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: REINSTATEMENT OF BRAZEN GATE, INC.

Dear Division of Corporations:

Please find enclosed reinstatement application and check number #1394 in the amount of \$165.00. Our business address had changed and unfortunately we did not receive the notice of reinstatement.

Thank you.

Cordially,

Segundo S. Rodriguez
President
Brazen Gate, Inc.

SSR/leb

Enclosures