

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 23 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025031

1. Corporation Name

Brotman Industries, Inc.

200152073902
04/23/09--01029--001 **1950.00

97-09

2. Principal Office Address - No P.O. Box #

19210 North Creekshore Court

3. Mailing Office Address

19210 North Creekshore Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33498

Country

USA

Zip

33498

Country

USA

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

03/20/1996

5. FEI Number
65-0655913

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

Randy Brotman

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

19210 North Creekshore Court

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Randy Brotman
REGISTERED AGENT MUST SIGN

Date 04/17/2009

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
P/V	Randy Brotman	19210 North Creekshore Court	Boca Raton, Florida 33498
S/T	Randy Brotman	19210 North Creekshore Court	Boca Raton, Florida 33498

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 contained in Chapter 119, 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:

Randy Brotman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Brotman

04/17/2009

Date

561-483-3555

Daytime Phone #