PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 OCT 26 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071843

1. Corporation Name

BRAVE HEARTS GROUP INC.

Principal Place of Business / Mailing Address

550 N.W. 42 AVENUE
SUITE 207
MIAMI, FLORIDA 33126-5671

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	
550 N.W. 42 AVENUE		550 N.W. 42 AVENUE	
Suite, Apt. #, etc. SUITE 207		Suite, Apt. #, etc. SUITE 207	
City & State MIAMI, FL 33126		City & State MIAMI, FL 33126	
Zip 33126-5671	Country U.S.	Zip 33126-5671	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 8/16/96

5. FEI Number: 65-0691680 — Applied For ☐ Not Applicable ☐

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT SECRETARY TREASURER	KENT C. JURNEY	550 N.W. 42 AVENUE #207	MIAMI, FL 33126-5671

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REINSTATEMENT 98-99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROBERT H. SILVERS 1140 KANE CONCOURSE 5TH FLOOR BAY HARBOUR ISLANDS, FL 33154	Name: KENT C. JURNEY Street Address (P.O. Box Number is Not Acceptable): 550 N.W. 42 AVENUE Suite, Apt. #, Etc.: SUITE 207 City: MIAMI — State: FL — Zip Code: 33126-5671

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: [signature] — REGISTERED AGENT MUST SIGN — Date 10/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: [signature] KENT C. JURNEY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/22/99 — Daytime Phone # 305/446-3433

CR2E081 (12/98)