

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088976

1. Corporation Name

BRAZILIAN ESTATES, INC.

FILED
98 NOV -6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

300 NE 19CT APT N17
FORT LAUDERDALE FL 33305

REINSTATEMENT 98

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

10/16/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0704973

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/S/D	JAMES DUNWORTH	1500 NORTH CONGRESS AV. B-18	WEST PALM BEACH FL 33401
V/D	MARC E. DUQUETTE	300 NE 19 th CT APT N17	FORT LAUDERDALE FL 33305
D	WILLIAM E. STITT	840 BARCELONA DRIVE	BOCA RATON FL 33432
			200002687402--2
			-11/13/98-01080--008
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

1	Name	JAMES DUNWORTH		
	Street Address (P.O. Box Number is Not Acceptable)	1500 NORTH CONGRESS AV.		
	Suite, Apt. #, Etc.	B-18		
	City	WEST PALM BEACH	State	FL
	Zip Code	33401		

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 Nov 5 '98

11. This corporation owes or has paid 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DUNWORTH

Pres.

Nov 5 '98 561379

Date

Daytime Phone #

2065