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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 22 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P. 98 000038231*

1. Corporation Name

BROKEDOWN PALACE, INC.

2. Principal Office Address

Suite, Apt. #, etc.

2429 Hollywood Blvd.

City & State

HOLLYWOOD, FL

Zip

33

Country

USA

3. Mailing Office Address

c/o Barry Reiter

Suite, Apt. #, etc.

1 Banksville Rd

City & State

Armont, NY

Zip

10504

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/98

5. FEI Number

65-0838861

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

MICHAEL J. QUAREQUIO, ESQ.

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

500 Southwest 6th Street

Suite, Apt. #, Etc.

Suite 100

City

Fort Lauderdale

State
FL

Zip Code

33301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/29/02

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
<i>President</i>	<i>Barry Reiter</i>	<i>1 Banksville Rd</i>	<i>Armont, NY 10504</i>

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****450.00 ****450.00

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 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] *MICHAEL J. QUAREQUIO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/02 954-524-3324

Daytime Phone #

CR2E081 (9/01)

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MICHAEL J. QUAREQUIO
ATTORNEY AT LAW

JAY MARK BUILDING • SUITE 100
500 SOUTHEAST 6TH STREET
FORT LAUDERDALE, FLORIDA 33301

TELEPHONE (954) 524-3324
FACSIMILE (954) 779-1767

ALSO ADMITTED NEW YORK BAR

April 18, 2002

Florida Department of State,
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: Corporate Reinstatement
Brokedown Palace, Inc.**

Dear Sir or Madam:


Enclosed you will please find a "Corporation Reinstatement" form completed in connection with the above referenced Florida, for-profit corporation. Also enclosed, you will please find a check in the amount of \$450.00. As you are aware, this corporation was administratively dissolved in September of 2000 for failure to file its annual report.

You will please note that the corporation changed its principal address in 1999 to 2429 Hollywood Boulevard, Hollywood, Florida 33020 from its previous address and the administrative staff of the corporation failed to follow-up on the annual corporate filings which were never forwarded to the new address.

In any event, the enclosed \$450.00 represents the annual fees for the years 2000, 2001 and 2002 for the corporation. We have been advised that with a showing of "good cause" shown for the reason of the dissolution, the reinstatement fee would be waived. It is intended that the demonstrated, change of address will satisfy this requirement.

If anything further is required in connection with this matter, please feel free to contact the undersigned.

Very truly yours,


MICHAEL J. QUAREQUIO, ESQ.
Attorney for the Corporation

MJQ/jv

Enc: