

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00-DEC-4 AM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 98000049006

1. Corporation Name

THE BRKA, INC.

2. Principal Office Address

2600 SOUTH OCEAN BLVD.

Suite, Apt. #, etc.

UNIT 508-S

City & State

PALM BEACH, FL

Zip

33480

Country

PALM BEACH

3. Mailing Office Address

2600 SOUTH OCEAN BLVD.

Suite, Apt. #, etc.

UNIT 508-S

City & State

PALM BEACH, FL

Zip

33480

Country

PALM BEACH

W-27589

**REINSTATEMENT**

2000

4. Date Incorporated or Qualified To Do Business in Florida

6/2/98

5. FEI Number

65-0843686

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

~~RONALD L. FICK~~

William CARROLL

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

~~670 DUNWOODY, WHITE & LANDON, P.A.~~

90 KIRK GRANTHAM P.A.

Suite, Apt. #, Etc.

~~251 SOUTH COUNTY ROAD~~

1860 FOREST HILL BLVD Suite #105

City

~~PALM BEACH~~

WEST PALM BEACH, FL.

State

FL

Zip Code

33480

33406-6886

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 12/1/00

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
PRES	ROBERT FREYDBERG	2600 S. OCEAN BLVD. UNIT 508-S	PALM BEACH, FL 33480

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12/13/00--01067--017  
\*\*\*900.00 \*\*\*900.00

**KE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/2000

Daytime Phone #

561-5856715

CR2E081 (9/99)