

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -6 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000079505

1. Corporation Name

BRIC IMPORT/EXPORT INVESTMENTS, INC.
c/o A. F. Alentado & Assoc. Co.
1149 SW 27th Ave, Ste. 203
Miami, Fl. 33135

2. Principal Office Address

10140 SW 137th Place

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33186

Country

Miami-Dade

3. Mailing Office Address

c/o A.F. Alentado & Assoc.

Suite, Apt. #, etc.

1149 SW 27 Ave, Ste. 203

City & State

Miami, Fl.

Zip

33135

Country

Miami-Dade

REINSTATEMENT

80001408612905
03/14/03--01038--012 ***1200.00

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

5. FEI Number

65-0882465

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

Antonio F. Alentado

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

1149 SW 27th Avenue

Suite, Apt. #, Etc.

Ste. 203

City

Miami

State

FL

Zip Code

33135

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

REGISTERED AGENT MUST SIGN

Date 4-28-03

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
D	Antonio Briceno	10140 SW 137th Place	Miami, Fl. 33186
D	Mirna A. de Briceno	10140 SW 137th Place	Miami, Fl. 33186

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]

Antonio Briceno

2/26/03

(305) 642-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

183