

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR -9 AM 9 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007636

1. Corporation Name

BRYCO INC.

2. Principal Office Address

2095 WEST 76 STREET

3. Mailing Office Address

2095 WEST 76 STREET

Suite, Apt. #, etc.

14340 NW 74 Avenue

Suite, Apt. #, etc.

same

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33014

Country

USA

Zip

33014

Country

USA

02/27/04 01004 014 \$450.  
12/26/02 01015 003 150.00

4. Date Incorporated or Qualified To Do Business in Florida

1-21-99

5. FEI Number

20-0743431

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

BRYAN COMPROSKY

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

2095 WEST 76 STREET

14340 NW 74 Avenue

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

33014

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

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     |
|--------|-----------------------------------|--|------------------------|
| DPVT   | BRYAN COMPROSKY                   | 14340 NW 74 AVENUE                             | HIALEAH, FLORIDA 33014 |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |

02-04

REINSTATEMENT

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)(l), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)