PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 MAY 22 PM 1:50

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000026801

REINSTATEMENT 0001

1. Corporation Name
BRA-TECH MOLDERS, INC.
4100 N. POWERLINE ROAD #Z-5
POMPANO BEACH, FL 33073

2. Principal Office Address	3. Mailing Office Address
4100 N. POWERLINE ROAD	SAME
Suite, Apt. #, etc.: BLDG Z-5	Suite, Apt. #, etc.:
City & State: POMPANO BEACH, FL	City & State:
Zip: 33073 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/18/99 SP

5. FEI Number: 65-0906637 ☐ 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: JEFFREY A. SPILFOGEL

Street Address (P.O. Box Number is Not Acceptable): 4100 N. POWERLINE ROAD

600004435048--4
-06/21/01--01034--027
****908.75 -****908.75

Suite, Apt. #, Etc.: BLDG Z-5

City: POMPANO BEACH State: FL Zip Code: 33073

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: X Jeffrey A. Spilfogel — REGISTERED AGENT MUST SIGN — Date: X 5-18-01

CR2E061 (9/00)

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
Pr/D	LUIS UBEDA	6669 ASHBURN ROAD	LAKE WORTH, FL 33467
VP/D	DONALD JOHNSON	15911 LISBON COURT	WELLINGTON, FL 33414
SEC/D	WILLIAN SPILFOGEL	15602 CYPRUS PARK DRIVE	WELLINGTON, FL 33414
TREAS/D	JEFFREY A. SPILFOGEL	15163 CYPRUS PARK DRIVE	WELLINGTON, FL 33414
DOCUMENT # [illegible]			

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: X LUIS UBEDA X 5/18/01 954-956-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #