PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00-01 W82

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 PM 2:50

DOCUMENT # P99000084805

1. Corporation Name

BRUNO MARKETING. INC

2. Principal Office Address	3. Mailing Office Address
400 king point dr	14117 hatteras ST
Suite, Apt. #, etc.: 1502	Suite, Apt. #, etc.: -
City & State: miAmi FL	City & State: VAN NUYS CA
Zip: 33160 Country: USA	Zip: 91301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: sep /1999

5. FEI Number: 65-0951176 (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: BRUNO MARKETING INC / mikael chmouny

Street Address (P.O. Box Number is Not Acceptable): 400 kings point dr

Suite, Apt. #, Etc.: 1502

City: miAmi State: FL Zip Code: 33160

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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: M. Chmouny mikael chmouny (REGISTERED AGENT MUST SIGN) Date: 09-21-01

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
P/D/m	mikael chmouny	400 king point dr unit 1502	miAmi FL 33160
	mikael chmouny		
	mikael chmouny		
	201.25-AR		
	10.00-ARART		
	88.75-ARSupp		

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: mikael chmouny M. Chmouny 09-21-01 818-254-7024