

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 AUG 14 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000109844

1. Corporation Name

BRAND Leverage, Inc.

2. Principal Office Address

225 OCEANSHORE BL

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip

32176

Country

USA

3. Mailing Office Address

P.O. BOX 4323

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip

32175

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1999

F. FEI Number

593689876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300004560413--6

-08/28/01--01082--006

\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

GREG GALLOWAY, Esq

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

2000 UNIVERSAL STUDIOS PLAZA

Suite, Apt. #, Etc.

BLDG 32 SUITE 601

City

ORLANDO

State

FL

Zip Code

32819

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

8/10/01

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/S/D	MATT MAZER	225 OCEANSHORE BLVD	ORMOND BEACH FL 32176

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]* MATT MAZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/01

Daytime Phone #

386 671 1100

CR2E061 (9/00)