

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS193

**APPLICATION  
FOR  
REINSTATEMENT**



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

2000UBR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110373

1. Corporation Name

BRAMAN PALM BEACH, INC.

Principal Place of Business

Mailing Address

2060 BISCAYNE BLVD., SECOND FLOOR  
MIAMI FL 33137

2060 BISCAYNE BLVD., SECOND FLOOR  
MIAMI FL 33137



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	Norman Braman	1 Indian Creek Island	Village of Indian Creek, FL 33154
P	Richard S. Hellawell	10276 Shireoaks Lane	Boca Raton, FL 33498
V	Edward Leibowitz	1039 Guisando de Avila	Tampa, FL 33613
S	Stanley J. Krieger	1717 N. Bayshore Drive #3551	Miami, FL 33132
T	Robert Bernstein	2645 S. Bayshore Drive	Miami, FL 33131

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRIEGER, STANLEY J  
2060 BISCAYNE BLVD., SECOND FLOOR  
MIAMI FL 33137

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
FL  
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Stanley J. Krieger*  
REGISTERED AGENT MUST SIGN

Date 10/16/00

11. 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:

*Stanley J. Krieger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Stanley J. Krieger, Secretary

10/16/00 (305) 576-1889

Date Daytime Phone #

Form **SS-4**

(Rev. February 1998)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

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Please type or print clearly.	<b>1</b> Name of applicant (legal name) (see instructions) BRAMAN PALM BEACH, INC.	
	<b>2</b> Trade name of business (if different from name on line 1) BRAMAN HONDA OF PALM BEACH	<b>3</b> Executor, trustee, "care of" name
	<b>4a</b> Mailing address (street address) (room, apt., or suite no.) 5200 LAKE WORTH ROAD	<b>5a</b> Business address (if different from address on lines 4a and 4b)
	<b>4b</b> City, state, and ZIP code GREENACRES, FL 33463	<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located PALM BEACH COUNTY, FLORIDA	
	<b>7</b> Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► NORMAN BRAMAN SS#204-24-1198	

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)                              |
| <input checked="" type="checkbox"/> Other (specify) ► CORPORATION |  |

<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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<b>9</b> Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input checked="" type="checkbox"/> Other (specify) ► ACQUIRED BUSINESS

<b>10</b> Date business started or acquired (month, day, year) (see instructions) 8/1/2000	<b>11</b> Closing month of accounting year (see instructions) DECEMBER
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<b>12</b> First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .	► NONE YET
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<b>13</b> Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .	Nonagricultural 88	Agricultural -0-	Household -0-
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**14** Principal activity (see instructions) ► AUTOMOBILE SALES AND SERVICE. NO SALE OR DIST. OF ALCOHOLIC BEV.**15** Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►**16** To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ► STANLEY J. KRIEGER, SECRETARY

Business telephone number (include area code)

561-684-6666

Fax telephone number (include area code)

561-967-6047

Signature ►

Date ► 10/17/00

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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BRAMAN MANAGEMENT ASSOCIATION

2060 BISCAYNE BOULEVARD, SECOND FLOOR, MIAMI, FLORIDA 33137-5024  
TELEPHONE (305) 576-1889 • FAX (305) 576-9898

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October 17, 2000

**VIA AIRBORNE EXPRESS**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

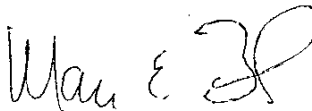
Re: Braman Palm Beach, Inc.  
Document # P99000110373

Dear Sir or Madam:

Following my conversation with Stacey of your office, please find enclosed the completed Application for Reinstatement for the above-referenced corporation and a copy of the FEI number application. Stacey advised me that the first and second notice annual reports/uniform business reports sent to Braman Palm Beach, Inc. ("Braman") were both returned to your office because of an incorrect address. Braman has since filed an amended article of incorporation changing the address to alleviate this problem. As a result, I have enclosed \$158.75, which represents the reinstatement fee and the Certificate of Status.

If you have any questions or need anything further please feel free to contact me.

Very truly yours,



MARC E. BRANDES  
Corporate Counsel

MEB:tw  
Enclosure