

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S47757**

1. Corporation Name

**BRWC, INC.**

Principal Place of Business

Mailing Address

2385 STIRLING RD.  
FT. LAUDERDALE FL 33312  
US

2385 STIRLING RD.  
FT. LAUDERDALE FL 33312  
US

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

2. New Principal Office Address, If Applicable  
450 E. Las Olas Blvd.

3. New Mailing Office Address, If Applicable  
450 E. Las Olas Blvd.

Suite, Apt. #, etc.  
Suite 1500

Suite, Apt. #, etc.  
Suite 1500

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33301

Country  
US

Zip  
33301

Country  
US

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	ROCHON, RICHARD C	450 EAST LAS OLAS BLVD., SUITE 1	FT. LAUDERDALE FL 33301
VP	PIERCE, WILLIAM M	450 EAST LAS OLAS BLVD., SUITE 1	FT. LAUDERDALE FL 33301
VP	Cris Branden	450 East Las Olas Blvd., Suite 1500	Ft. Lauderdale, FL 33301

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-05/25/99--01084--014  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE  
28TH FLOOR  
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc

City

State

Zip Code

FL

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

*Wayne Hughes, Vice President*  
REGISTERED AGENT MUST SIGN

Date **4/29/99**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CRIS V BRANDEN VP*

5/3/99

4546275000

Date

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