

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 MAY 12 AM 8:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 Country
33301 US

Zip Country
33301 US

REINSTATEMENT

*98-09-767
 5/12/99*

4. Date Incorporated or Qualified To Do Business in Florida **04/25/1991**

5. FEI Number **65-0255950** Applied For Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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 **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 *Walter Ruggie, 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: *CRIS V BRANDEN VP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99 4546275000
 Date Digitized From #

CR2E040 (9/98)