PLEASE READ	ALL INSTRUCTIONS	BEFORE O	OMPLETING	THIS FORM	
PLEASE READ ALL INSTRUCTIONS BEFORE APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		NT OF STATE	··		
DOCUMENT # S88820 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
BRASWAY ELECTRONICS CO	RP.				
Principal Place of Business Mailing Address					
601 N.W. 17 ST. #124. STE 124 8501 N.W. 17 ST. #124. STE 124 IAMI FL 33126 MIAMI FL 33126 S US		<u>.</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT 98-77		
New Principal Office Address, If Applicable 3. New Mailing Office Address, If A			Date Incorporated or Qualified To Do Business in Florida 10/22/1991		
Suite, Apt. #, etc. Suite, Apt. #, etc.		-	5. FEI Number Applied For		
City & State City & State Zip Country Zip Country Zip Country			65-0292296 Not Applicable 6. \$8.75 Additional Fee Feguire		
			CERTIFICATE OF STATE	US DESIRED D	r a Certificate of Status
Title(s) and/or Directors		eet Address of Each ficer and/or Director e Post Office Box Nu	City / State / Zip		te / Zip
PD BRANDAO, SERGIO BUENO 1511 N		N.W. 82 AVE.		MIAMI FL 33126	
			soog	002733 01/12/990 ****150.00	3954 1076001 *****150.00
		500002738395 -01/12/9901076002			
				****158.	75 ****158.79
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
BRANDAO, SERGIO BUENO JR	Street Address (P.O. Box Number is Not Acceptable)				
8501 N.W. 17 ST. #124, STE 124 MIAMI FL 33126	Suite, Apt. #, Etc.				
	City State Zip Code				
10. I, being appointed the registered agent of the abo	ve named corporation, am familiar wi		ligations of Section 607.0		
Signature of Registered Agent X	GISTERED AGENT MUST SIGN	JIRED	Date	<u>Dec.15</u>	.1998
11. This corporation owes or ha Intangible Personal Propert		ar Yes 🔀	No 🗆	/ (See other side on intang	
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 eignature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNAL SUM TOURED DEL. 15. 1998 (305) 477-00.36 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					