

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V09311

1. Corporation Name

BREVOORT COMMUNICATIONS CORPORATION

Principal Place of Business

100 N DISCAYNE BLVD.
SUITE 1200
MIAMI FL 33132
US

Mailing Address

100 N DISCAYNE BLVD
SUITE 1200
MIAMI FL 33132
US

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

2. New Principal Office Address, If Applicable

4711 NW 79th AV.

3. New Mailing Office Address, If Applicable

P.O. Box 521604

Suite, Apt. #, etc.

STE 7-G

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

City & State

Zip

33166

Country

US

Zip

33152

Country

US



REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

01/24/1992

SP

5. FEI Number

65-0312535

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. A fee is 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPV	HANNAH, DAVID	100 N DISCAYNE BLVD, STE 1200 4711 NW 79th AV - STE 7-G	MIAMI FL 33132 MIAMI, FL 33166
ST	HANNAH, DAVID	100 N DISCAYNE BLVD, STE 1200 4711 NW 79th AV - STE 7-G	MIAMI FL 33132 33166

200003050212--2

-11/19/99--01091--012

***750.00 ***750.00

8. Name and Address of Current Registered Agent

HANNAH, DAVID

100 N DISCAYNE BLVD, STE 1200

SUITE 200

MIAMI FL 33132

4711 NW 79th AV. - STE 7-G
33166

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/13/99

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID N. HANNAH

11/13/99 (305) 599-7119

Date

Daytime Phone #