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<p>APPLICATION FOR REINSTATEMENT 1000 -</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p> <p style="text-align: center;">W97-19169</p> <p style="text-align: center;">Head Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p>		<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center; font-size: 2em;">FILED</p> <p style="text-align: center;">97 SEP 26 PM 3:19</p> <p style="text-align: center;">SECRETARY OF STATE</p>																																	
<p>1. Name and Mailing Address of Corporation: DOCUMENT # 121940</p> <p>BROKERS INTERNATIONAL INC</p> <p>7361 NW 38TH COURT</p> <p>LAUDERHILL FL 33319</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.</p> <p>Address _____</p> <p>Address _____</p> <p>City and State _____</p> <p>Zip Code _____</p>																																	
<p>3. Date Incorporated or Qualified To Do Business in Florida 3/16/92</p>		<p>4. FEI Number 65-0320586</p>																																	
<p>5. \$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>REINSTATEMENT</p> <p style="text-align: right; font-size: 2em;">95-97</p>																																	
<p>6. Names and Street Addresses of Each Officer and/or Director</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title</th> <th style="width:30%;">2 Name of Officers and/or Directors</th> <th style="width:30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">4 City and State</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>GARY BYRO</td> <td>7361 NW 38TH COURT LAUDERHILL FL</td> <td>LAUDERHILL, FL 33319</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State	PRES	GARY BYRO	7361 NW 38 TH COURT LAUDERHILL FL	LAUDERHILL, FL 33319																								
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<p>REGISTERED AGENT INFORMATION</p> <p>7. Name and Address of Current Registered Agent</p> <p>ALAN DUBROW</p> <p>2840 UNIVERSITY DR</p> <p>CORAL SPRINGS FL 33065</p>		<p>8. Name and Address of New Registered Agent and/or Office</p> <p>Name SAME</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City and State _____ Zip _____</p> <p style="text-align: right;">FL.</p>																																	
<p>9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent [Signature] Date 9/22/97</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director [Signature] Date 8/15/97 Daytime Phone # (954) 415 8098</p>																																			

CR2040 (8-92)