

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 10 11:31

DOCUMENT # V66276

1. Corporation Name

BROCKHOUSE ASSOCIATES, P.A.

2. Principal Office Address

1570 MADRUGA AVE.

3. Mailing Office Address

1570 MADRUGA AVE.

Suite, Apt. #, etc.

PH 1

Suite, Apt. #, etc.

PH 1

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33146

Country

MIAMI DADE

Zip

33146

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650357909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRUCE BROCKHOUSE

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

8525 SW 96 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/16/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|------------------------|
| P | BRUCE BROCKHOUSE | 8525 SW 96 STREET | MIAMI, FL. 33156 |
| VP | ALVARO NARANJO | 61 COLLINS AVE, #502 | MIAMI BEACH, FL. 33139 |
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| | | | |

REINSTATEMENT

3/14/06

10. 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 contained in Chapter 119, 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

BRUCE BROCKHOUSE

Date

2/16/06

Daytime Phone #

3056602333

2012

BROCKHOUSE

BROCKHOUSE ASSOCIATES P.A.
1570 MADRUGA AVENUE, PH-1
CORAL GABLES, FLORIDA 33146
305.666.2333 • Fax 305.666.2332

VIA FEDERAL EXPRESS

February 16, 2006

Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: FEI Number: 650357909
Brockhouse Associates, P.A.

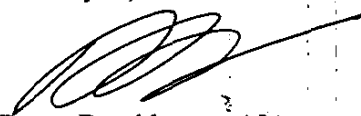
To Whom It May Concern:

After meeting with our Bank Executive, I was informed that our account is "Inactive" with the State of Florida, since 2003. I did not receive any notification of our account being dissolved and/or any prior notice that the account may end up being inactive. Therefore, I am requesting to waive the Reinstatement Fee and all other fees that may be requested by the State of Florida in order to activate this account.

Attached, please find the completed Corporation Reinstatement Application, with the current Company and Officer(s) contact information. I am also attaching a copy of the printout that our Bank Representative provided me with, as proof of the inactive account.

If you have any questions, please feel free to call my office.

Thank you,


Bruce Brockhouse, AIA
President
Brockhouse Associates, P.A.

dre du Premier Ecce David Scheinman, CPA

de la Cour.

ARCHITECTURE • INTERIOR DESIGN

AA 0002456