2005 FOR PROFIT CORPORATION REINSTATEMENT

(Of Z

REINSTATEMENT										1 01
DOCUMENT # F0400006546 1. Entity Name BRINAS CORPORATION						05 OCT 18 PH 2: 42				
					No.		05 0	C1 10 C	11 C.	
Principal Place of Business 2643 DEFRAME CIRCLE LAKEWOOD, CO 80228			Mailing Address 2643 DEFRAME CIRCLE LAKEWOOD, CO 80228			CECT ALL		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	ATL ANDA	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10132005	REIN-P	CR2E098	(6/04)	7
City & State			City & State			4. FEI Numbe	er		_	plied For t Applicable
Zip	Zip Country		Zip		try	5. Certificate	of Status Desired		75 Add Required	
	6. Name an	d Address of Current F	l Registered Agent			7. Name and	Address of New Re		<u> </u>	
					Name		ساخما بياضي جسان	حصوره و المستود	77 _£	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Street Address	dress (P.O. Box Number is Not Acceptable)				
•					City.				Zip Çode	
8. The above named entity somits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Cynthia L. Harris SIGNATURE SIGNATURE A CONTROLL SIGNATURE										
Signetifal Appellor of (registered aggit and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fibe #GWI!! FEE IS \$150.00 / After January 1, 2006, Fee will be \$300.00					,		In accordance w corporation did n			
10.		OFFICERS AND (DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIF	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t	INAS, JOSE ANDRES AME CIRCLE I, CO 80228	☐ Delcte						Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY_ST-ZIP	e de la Rech	15 87 8 675 - 175-196	Delete				e En leur fan dan t	1	Change	Addition
12. I hereby certify that the information-supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this topert or supplifiential report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach purit with an address, with all other like empowered. SIGNATURE: JOSE MUNIES GARCIA BRINGS 10-1/405947-661-677)										

B. Mitchell OCT 1 8 2005





ACCOUNT NO. : 072100000032

REFERENCE: 657587 7506109

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: October 18, 2005

ORDER TIME : 12:30 PM

ORDER NO. : 657587-005

CUSTOMER NO: 7506109

REINSTATEMENT

NAME: BRINAS CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS