

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96000003064*

1. Corporation Name

BROWN AND PERKINS, INC

2. Principal Office Address

6556 NW 78th DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address

6556 NW 78th DRIVE
Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

City & State

PARKLAND, FLORIDA

Zip

33067

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/7/96

5. FEI Number

65-0680024

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

FRITZ GRANT CPA

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

4200 NW 16th STREET

700040368217
*08/20/04--01070--007 **603.75*

Suite, Apt. #, Etc.

608

City

LAUDERHILL

State

FL

Zip Code

33313

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

[Signature]

Date

8/18/04

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>GEORGIA P. BROWN</i>	<i>6556 NW 78th DRIVE</i>	<i>PARKLAND, FL 33067</i>
<i>D</i>	<i>QUEEN E. HOLDEN</i>	<i>860 NW 213th LANE #101</i>	<i>MIAMI, FL 33169</i>
<i>D</i>	<i>YAW AKYEAW</i>	<i>821 NW 197th TERR</i>	<i>MIAMI, FL 33169</i>

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 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

Georgia Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/18/04

Daytime Phone #

(954)344-7623

CR2E081 (01/04)