

2604 FOR PROFIT CORPORATION REINSTATEMENT

Robert M. [Signature]

DOCUMENT # P03000044519

1. Entity Name
BROWN VAN LINES, INC.



Principal Place of Business
324-C VERSAILLES DR.
MELBOURNE BEACH, FL 32951

Mailing Address
324-C VERSAILLES DR.
MELBOURNE BEACH, FL 32951

2. Principal Place of Business
698 Brisbane St
Suite, Apt. #, etc.

3. Mailing Address
698 Brisbane St
Suite, Apt. #, etc.

City & State
Palm Bay, Florida
Zip 32907
Country United States

City & State
Palm Bay, Florida
Zip 32907
Country U.S.A.

FILED
05 APR 25 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04-25



11012004 REIN-P CR2E098 (6/04)

4. FEI Number
300177632

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, JEROME F JR.
324-C VERSAILLES DR.
MELBOURNE BEACH, FL 32951

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.

SIGNATURE *[Signature]* President 3/5/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
(After January 1, 2005, Fee will be \$900.00)
600054211556
05/10/05--01053--017 **150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown Van Lines Inc. <input checked="" type="checkbox"/> Delete 324-c versailles dr. Melbourne Beach, fl 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jerome F. Brown Jr. 698 Brisbane St. Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042928225 11/22/04--01058--013 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042928225 05/10/05--01053--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the receiver 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 attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* Jerome F. Brown Jr. 11-19-04 321-288-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #