PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 18 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000080922**

1. Corporation Name

BROWN GROUP, INC.

Principal Place of Business	Mailing Address
1507 LAKELAND HILLS BLVD. SUITE 101 LAKELAND FL 33805 US	1507 LAKELAND HILLS BLVD. SUITE 101 LAKELAND FL 33805 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

09/21/01 90002 012 $150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/1996

5. FEI Number: 59-3400742 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
OD	BROWN, DEBRA	1436 HAMMOCK SHADE DR	LAKELAND FL 33813
D	BROWN, DEBRA A	1436 HAMMOCK SHADE DRIVE	LAKELAND FL 33809

700004662447--7
-11/01/01--01034--003
*****8.75 *****8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BARKER, HAROLD E DICESARE DAVIDSON & BARKER, PA 5640 S FLORIDA AVENUE LAKELAND FL 33813	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: JRE REQUIRED Date: 10-10-01
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED DEBRA BROWN Debra Brown 10-10-01 863-682-6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10-10-01 2 OF 2

FLORIDA DEPARTMENT OF STATE.

This STATEMENT is in REGaards To THE. APPLICATION FOR REINSTATEMENT. I NEVER RECIEVED This FIRST NOTICE THAT WAS DUE IN May! I MAIL OFF my check FOR $150.00 IN what I Thought was The CORRECT TIME FOR The SEPTEMBER DEADLINE. WE HAVE Had A TERRIBLE TIME RECIEVING OUR MAIL SINCE WE MOVED A YEAR AGO. OUR MAIL ROUTE IS CONSIDERED AN AUXILARY ROUTE. SO WE NEVER HAVE The SAME MAIL CARRIER. They Know our BUSINESS AS DEBBIES FLOWERS And GIFTS. NOT BROWN GROUP! PLEASE REINSTATE my CORPORATION PAPERS.

THANK YOU.

- 863-682-6608