

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 265027

1. Entity Name
W. GORDON BROWN ASSOCIATES, INC.



Principal Place of Business
4744 16TH AVE N
ST PETERSBURG, FL 33713

Mailing Address
4744 16TH AVE N
ST PETERSBURG, FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-0994754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, W GORDON
4744 16TH AVE N
ST PETERSBURG, FL 33713

Name

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

City

FL

Zip Code

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, and accept the obligations of registered agent.

SIGNATURE

W. Gordon Brown
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/29/05
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS BROWN, W. GORDON
CITY-ST-ZIP 4744-16TH AVE N
ST PETERSBURG, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800061293598
11/09/05--01041--014 **150.00

☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS BROWN, MARY J
CITY-ST-ZIP 4744-16TH AVE N
ST PETERSBURG, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

W. Gordon Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-05 727-327-7479
Date Daytime Phone #

FILED

05 NOV -2 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

