

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 OCT 19 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 420425

1. Corporation Name

MAX A. BROWN ASSOCIATES, INC.

Principal Place of Business  
1010 N.W. 15th Ave.  
Pompano Beach, FL 33069

Mailing Address  
5610 N.W. 12th Ave.  
Suite 211  
Ft. Lauderdale, FL 33309

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

2. New Principal Office Address, If Applicable

~~281 Tropic Drive~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~281 Tropic Drive~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/73

5. FEI Number

59-1445757

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)

| Title(s)     | Name of Officers<br>and/or Directors       | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip   |
|--------------|--|---|--|
| 1            | 2  | 3   | 4  |
| P/D          | BROWN, MAX A.                              | 281 Tropic Drive  | Lauderdale by the Sea,<br>FL 33308                             |
| <del>V</del> | <del>REMOVE<br/>FITZMAN, BENJAMIN J.</del> | <del>331 S.W. 1st Court, #1</del>   | <del>Pompano Beach, FL</del>                                   |
| S/D          | BROWN, SALLY A.                            | 281 Tropic Drive  | Lauderdale by the Sea,<br>FL 33308                             |
|              |  |   | 800002668478-3<br>-10/20/98-01078-010<br>***1050.00 ***1050.00 |
|              |  |   | 10-19-98   |

8. Name and Address of Current Registered Agent

Max A. Brown  
281 Tropic Drive  
Ft. Lauderdale, FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Max A. Brown*

REGISTERED AGENT MUST SIGN

Date 10/15/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Max A. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX. A. BROWN,  
President

Date

Daytime Phone #

10/15/98 954-776-2288

CR12E040 (12/96)