

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 18 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 542330

1. Corporation Name

THE BRENT CORPORATION

2. Principal Office Address

1400 30TH ST.

Suite, Apt. #, etc.

SUITE B

City & State

NICEVILLE, FL 32578

Zip

32578

Country

FLORIDA

3. Mailing Office Address

SAVING #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5 AUGUST 1977

5. FEI Number

59-1914902

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

GRADY DON POPE

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

1400 30TH ST.

Suite, Apt. #, Etc.

SUITE B

City

NICEVILLE

State
FL

Zip Code

32578

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]

REGISTERED AGENT MUST SIGN

Date 12 Sept 02

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
P/D	GRADY DON POPE	1400 30TH STREET SUITE B	NICEVILLE, FL 32578
V/S	BRENT F. POPE	106 A. WATER ST.	FT WALTON BEACH FL 32548

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

[Signature] GRADY DON POPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Sept 02 850-729-1600

Date

Daytime Phone #

CR2E081 (9/01)

PS 9/24/02