

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN -7 PM 12:38

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F00000000034**

1. Corporation Name

Brookmeade Inc.

Resource Staffing

200181763782  
06/07/10--01049--009 \*\*2100.00

2. Principal Office Address - No P.O. Box #

1925 Vaughn Rd

3. Mailing Office Address

1925 Vaughn Rd

Suite, Apt. #, etc.

Suite 155

Suite, Apt. #, etc.

Suite 155

City & State

Kennesaw, GA

City & State

Kennesaw, GA

Zip

30144

Country

US

Zip

30144

Country

US

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 7/30/1998

5. FEI Number

58-2405642

☐ 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

John A Peterson

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

13345 Harold Ave

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

2001-2010  
**REINSTATEMENT**

*[Signature]*

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

*John A Peterson*

REGISTERED AGENT MUST SIGN

Date 6/4/2010

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
CEO-D	Michael T Peterson	1925 Vaughn Rd, Suite 155	Kennesaw/GA/30144
SEC-D	Lowell C Hoven	1925 Vaughn Rd, Suite 155	Kennesaw/GA/30144
CFO-D	Michael T Peterson	1925 Vaughn Rd, Suite 155	Kennesaw/GA/30144
			M. MILLIGAN EXAMINER
			JUN 10 2010

10. E-mail Address: michael.peterson@brookmeade.com

(To be used for future annual report notification)

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. I further certify, 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:

*Michael T Peterson* - Michael T Peterson

6/4/2010

770-590-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #