

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

DOCUMENT # F00000004350

1. Corporation Name

JAXSON BROWN, INC.

Principal Place of Business

2575 WESTSIDE PARKWAY, SUITE 100
ALPHARETTA GA 30004

Mailing Address

2575 WESTSIDE PARKWAY, SUITE 100
ALPHARETTA GA 30004

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

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

08/02/2000

5. FEI Number

58-2332743

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
P	CATES, DANE	2575 WESTSIDE PARKWAY, SUITE 100	ALPHARETTA GA 30004
ST	CATES, RONALD K	2575 WESTSIDE PARKWAY, SUITE 100	ALPHARETTA GA 30004
			000004668990--7 -11/06/01--01055--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVY, ALEX

4241-BAYMEADOWS RD., SUITE 21
JACKSONVILLE FL 32217

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/01

Daytime Phone # (770) 625-9126

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Jaxson Brown

2575 Westside Parkway, Suite 100
Alpharetta, Georgia 30004
(770) 625-9126

October 17, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

I am writing this letter to state that at no time did I receive a uniform business report for this year or a second notice. Please reinstate my corporation Jaxson Brown - #F00000004350. I have enclosed a check for \$150.00 to cover the fee.

I will make a calendar note for next year to notify the state if I do not receive the report.

Sincerely,



Dane Cates

Enclosure