

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 3:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F96000005614

1. Corporation Name

FOSS-BROWN, INC.

Principal Place of Business

743 GANTT AVE  
 SARASOTA FL 34232

Mailing Address

743 GANTT AVE  
 SARASOTA FL 34232



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

2. New Principal Office Address, If Applicable

936 42nd ST.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip 34234

Country USA

3. New Mailing Office Address, If Applicable

936 42nd ST.

Suite, Apt. #, etc.

City & State

SARASOTA

Zip 34234

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1996

5. FEI Number

23-1979281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
DCPT	SILVERMAN, ELLIOT S	1000 LONGBOAT CLUB ROAD #602S	LONGBOAT FL 34228
V	MCCLOSKEY, STEVEN	157 KINGSWOOD CT	GLEN HILLS PA 19342
S	STELLATO, ANN	3948 NOTTINGHAM DRIVE	SARASOTA FL 34235
			400003026994--4 -10/27/99--01096--006 ***158.75 ***158.75 LS

8. Name and Address of Current Registered Agent

SILVERMAN, ELLIOT S  
 1000 LONGBOAT KEY CLUB RD #602 S  
 LONGBOAT KEY FL 34228

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

Elliot S. Silverman

Date 10/15/99

REGISTERED AGENT MUST SIGN

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:

ELLIOT S. SILVERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**F  
B  
I**

**FOSS-BROWN, Inc.**

Contractors Supplies, Equipment, Machinery and Tools  
Government Contractors

936 42ND STREET  
SARASOTA, FL 34234-4330  
TEL. (941) 358-7400  
FAX (941) 358-7588

October 14, 1999

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

Enclosed is our reinstatement application with the annual fee of \$150.00.

We never received the prior renewal form. Our prior address was located in a building and private office complex with 5 other renters. Each company had its own mailbox, all with the same address - 743 Gantt Ave., no office number or suite.

Mail was frequently lost or non-delivered. The mail boxes were not in one location. Please accept this application with an additional \$8.75 for certificate of status.

Sincerely yours,

FOSS-BROWN, INC.

*Elliot S. Silverman*

ELLIOT S. SILVERMAN  
President

ESS:btp

enc.