

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 11 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003494

1. Corporation Name

BROWN BRIDGMAN & COMPANY

Principal Place of Business

Mailing Address

45 WALL STREET, SUITE 1613
NEW YORK NY 10005

45 WALL STREET, SUITE 1613
NEW YORK NY 10005



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

03-0310230

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	BOURGER, JOHN T	45 WALL ST	NEW YORK NY 10005
VST	PIERCE, MARCIA C	LEWIS CREEK ROAD	HINESBURG VT 05401
V	MILENS, OLIVIA B	71 SO WILLIAMS ST	BURLINGTON VT 05401
V	BURKE, JOAN A	537 REMORA DRIVE	FRIPP ISLAND SC 29920
V	MOORE, DIANE M	128 CHICKADEE LN	HINESBURG VT 05461

REINSTATEMENT 0178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

900003508679-3

12/20/00-01045-022

***750.00 Zip ***750.00

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

X *Deborah D. Skipper*

Deborah D. Skipper
as its agent

Date 10/16/00

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:

X *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. BOURGER

Date

10/16/00

Daytime Phone #

(212) 248-6080