

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 20 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003617

1. Corporation Name

Brown Design Group, Incorporated

WDB-4347

2. Principal Office Address

3099 Washington Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3099 Washington Rd

Suite, Apt. #, etc.

City & State

East Point

City & State

East Point

Zip

GA

Country

USA

Zip

30344

Country

Fulton

900066583649

12/24/06--01052--004 **512.50

1/24/06 01011 006-87.50

REINSTATEMENT

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

582389804

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

Christopher P. Janes, Esq.

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

1015 N. 12th Avenue

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

REGISTERED AGENT MUST SIGN

Date 2/3/06

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
C	Tarlee Brown	3099 Washington Rd	East Point, GA 30344
P/D	Audra Cooper	3099 Washington Rd	East Point, GA 30344
S/D	Felita Hood	3099 Washington Rd	East Point, GA 30344
VP/D	Coy L. Cooper, Jr	3099 Washington Rd	East Point, GA 30344

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 contained in Chapter 119, 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

2-2-06 404-559-1805

Date

Daytime Phone #



**BROWN
DESIGN
GROUP**

3099 Washington Road

Atlanta, GA 30344

(O) (404) 559-1805

(F) (404) 761-0020

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Carolyn Lewis

Re: Reinstatement Fee

Document # F97000003617

Dear Ms. Lewis,

²⁰⁰³
Brown Design Group, Inc. did not receive the annual report notice. This letter serves as a request to waive the reinstatement fees. All other applicable fees are included with the attached reinstatement form.

Sincerely,

BROWN DESIGN GROUP, INC.

Audra Cooper
Audra Cooper, President

2/3
February 2, 2006



BROWN
DESIGN
GROUP

3099 Washington Road

Atlanta, GA 30344

(O) (404) 559-1805

(F) (404) 761-0020

Brown Design Group, Inc.
Reinstatement Fees
Document #F97000003617

Reinstatement Fee	0	did not receive notice
Annual Report Fee	$61.25 \times 3 =$	\$183.75
Corporate Supplemental Fee	$88.75 \times 3 =$	\$266.25
Certificate of Status	$8.75 \times 1 =$	<u>\$ 8.75</u>
Total		\$458.75

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