

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F98000005354**

1. Corporation Name

**BARRAND, INC.**

Principal Place of Business

Mailing Address

6607 CLEARHAVEN CIRCLE  
DALLAS TX 75248

6607 CLEARHAVEN CIRCLE  
DALLAS TX 75248

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

09/24/1998

5. FEI Number

75-1867660

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BROWN, J. R	6607 CLEARHAVEN CIRCLE	DALLAS TX 75248
SD	BROWN, BARBARA K	6607 CLEARHAVEN CIRCLE	DALLAS TX 75248
D	SMITH, KELLY	6607 CLEARHAVEN CIRCLE	DALLAS TX 75248
D	MELTON, SHANNON	6607 CLEARHAVEN CIRCLE	DALLAS TX 75248
D	BROWN, JENNIFER	6607 CLEARHAVEN CIRCLE	DALLAS TX 75248
D	BROWN, JOHN R II	6607 CLEARHAVEN CIRCLE	DALLAS TX 75248

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003459916--1

-11/09/00--01127--005

\*\*\*\*750.00 State Zip Code  
FL \*\*\*\*750.00

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

**BRIAN COURTNEY ASST. V.P.**  
REGISTERED AGENT MUST SIGN *as its agent*

Date

*10/15/2000*

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KE**  
*President*

Date

*10/16/00*

Daytime Phone #

*972-617-0174*



**REINSTATEMENT**

*00*

FILED  
00 OCT 25 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E040 (8/00)