

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000829

1. Corporation Name

BROCK MAINTENANCE INC.

Principal Place of Business

7305 UP RIVER ROAD  
CORPUS CHRISTI TX 78409

Mailing Address

~~7305 UP RIVER ROAD~~  
~~CORPUS CHRISTI TX 78409~~  
~~P.O. Box 306~~  
~~BRAUMONT, TEXAS 77704~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1999

5. FEI Number

76-0522180

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
P	DAVIS, JEFF	7305 UP RIVER ROAD	CORPUS CHRISTI TX
SD	BROCK, TODD	7305 UP RIVER ROAD	CORPUS CHRISTI TX
T	SMITH, PHIL	7305 UP RIVER ROAD	CORPUS CHRISTI TX
D	BOURGUEIN, LORIN	7305 UP RIVER ROAD	CORPUS CHRISTI TX

300024571483

11/10/03 01038 006 \*\*150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Howard L. Volz  
Asst. Secretary

Signature of  
Registered Agent

Howard L. Volz

Date 10-28-03

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:

S. G. Phil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

409 832-6226

Daytime Phone #

CR2E040 (7/03)



**BROCK MAINTENANCE, INC.**

*A Member of the Brock Group*

November 05, 2003

Mrs Glenda Hood  
Secretary Of State

Division Of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Mrs. Hood,

Our company received a Certificate Of Administrative Dissolution Or Revocation for failure to submit the annual report. We never received the two notices that were sent prior to the Dissolution notice.

I have made a notation changing our mailing address on the enclosed report.

Please reinstate our company in the state of Florida.

A check for \$150.00 is enclosed to reinstate our company.

Thanks for you help in clearing this matter.

Phil Smith  
Treasurer, C.F.O.