

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G89732**

1. Corporation Name

BROWNING'S CONVENIENCE STORE, INC.

Principal Place of Business

2123 SAXON BLVD.
DELTONA FL 32725

Mailing Address

2123 SAXON BLVD.
DELTONA FL 32725



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

(03/12/1984)

5. FEI Number

59-2381784

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	BROWNING, LARRY	864 ARLENE DRIVE	DELTONA FL
VP	BROWNING, GEORGE T.	2685 S CALL AVENUE	DELTONA FL
S	BLADES, BARBARA	1485 LACASITA STREET	DELTONA FL
		02 4BZ 178	
		100008802021	
		11/05/02--01029--013 **150.00	

8. Name and Address of Current Registered Agent

BROWNING, GEORGE T.
2685 S. CALL AVENUE
DELTONA FL 32725

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

CR2ED40 (802)

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

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:

George T. Browning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/02

386-789-2329

Date

Daytime Phone #

BROWNING'S CONVENIENCE STORE, INC.
2123 SAXON BLVD
DELTONA, FL. 32725

October 30, 2002

Florida Department of State
Division of Corporations
5050 W. Tennessee St.
Tallahassee, FL

Gentlemen:

I am forwarding the application for reinstatement for Brownings Convenience Store, Inc. along with a check in the amount of \$150.00

We did not receive an annual renewal form or it would have been taken care of promptly. In the future if we do not receive one by May we will make sure we contact your office for the form so it can be done timely

I would appreciate your waiving the reinstatement fee. This Corporation has been in existence since 1984, and I cannot ever remember this happening before.

Sincerely,


George T. Browning

ON 10/30/02, I received your letter regarding the reinstatement of Brownings Convenience Store, Inc. I have enclosed the application for reinstatement for Brownings Convenience Store, Inc. along with a check in the amount of \$150.00. I am forwarding the application for reinstatement for Brownings Convenience Store, Inc. to the Division of Corporations for their review.