

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 13 AM 7:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000003284

1. Corporation Name

MJ Brooks Family Foundation, Inc.

2. Principal Office Address

c/o Jonathan E. Gopman, Esq

Suite, Apt. #, etc.

3001 Tamiami Trail, North

City & State

Naples, Florida

Zip

34103

Country

3. Mailing Office Address

c/o Jonathan E. Gopman, Esq.

Suite, Apt. #, etc.

3001 Tamiami Trail, North

City & State

Naples, Florida

Zip

34103

Country

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 8, 2002

5. FEI Number

46-0483226

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

c/o Jonathan E. Gopman, Esq., Cummings & Lockwood LLC

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

3001 Tamiami Trail, North

100054534351

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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 5/6/05

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
P	Eric Brooks	9 Red Roof Lane	Salem, NH 03087
VP/S/D	Harold J. Brooks	9 Red Roof Lane	Salem, NH 03087
T	Julie C. Brooks	9 Red Roof Lane	Salem, NH 03087
C/D	Linda G. Peluso	9 Red Roof Lane	Salem, NH 03087
VC/D	Jonathan E. Gopman	3001 Tamiami Trail, North	Naples, FL 34103
	*SEE SCHEDULE "A" ATTACHED		

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/05

Date

(239)-649-3119

Daytime Phone #

CR2E081 (01/04)

SCHEDULE "A"

ADDITIONAL OFFICERS & DIRECTORS

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Kenneth D. Carpenter, II	40 Woodvue Road, Suite 419A	Windham, NH 03087
D	Brad Richards	9 Red Roof Lane	Salem, NH 03087



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 369158 4313323

AUTHORIZATION :

Patricia P. Pitts

COST LIMIT : \$ 367.50

ORDER DATE : May 12, 2005

ORDER TIME : 1:11 PM

ORDER NO. : 369158-005

CUSTOMER NO: 4313323

CUSTOMER: Susan M. Anderson
Cummings & Lockwood
Four Stamford Plaza
107 Elm Street
Stamford, CT 06902

DOMESTIC FILINGS

NAME: MJ BROOKS FAMILY FOUNDATION,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext# 2914

EXAMINER'S INITIALS _____

RECEIVED
05 MAY 13 PM 3:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA