

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -6 AM 11:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 0500000 8323

1. Corporation Name

Amanda Brown Foundation, Inc.

100148847601
04/06/09--01061--024 **183.75

2. Principal Office Address - No P.O. Box #

11408 Ventura Way

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33637

Country

USA

Zip

Country

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

8-15-2005

5. FEI Number

42-1678552

☐ 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

Roy Brown

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

11408 Ventura Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33637

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Roy Brown

REGISTERED AGENT MUST SIGN

Date

3/31/09

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	Roy Brown	11408 Ventura Way	Tampa Florida 33637
S	Sylvia Brown	11408 Ventura Way	Tampa Florida 33637

REINSTATEMENT 07-09

3/4/9/09

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

Roy Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/09 813 577 9800