

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 28 AM 11:05

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 600003865

1. Corporation Name
Brothers United Together, Inc.
411 Georgetown Drive
Tallahassee Florida 32305

2. Principal Office Address - No P.O. Box #
411 Georgetown Drive
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 554
Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Woodville, Florida

Zip
32305

Country
United States

Zip
32362

Country
United States

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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
Nathaniel Maxwell, Jr.

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip
32305

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
VP	Tawanna Maxwell	PO Box 554	Woodville Florida 32362
S	Cedric Maxwell	13005 Oakmont Wood Court	Riverview Florida 33579
C	Allison Wumack	4290 Louvinia Drive	Tallahassee Florida 32317
D	Oray Alphonso	6035 Valley Green Road	Lithonia, Georgia 30058

REINSTATEMENT 07

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:

Tawanna L. Maxwell

Date

Daytime Phone #

12-28-07 850 253 5552