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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41462

1. Corporation Name

Brain Trust, Inc.

2. Principal Office Address

3434 Fiddlers Bend

Suite, Apt. #, etc.

3. Mailing Office Address

3434 Fiddlers Bend

Suite, Apt. #, etc.

City & State

Fernandina Beach, Florida

City & State

Fernandina Beach, Florida

Zip

32034

Country

USA

Zip

32034

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/90

5. FEI Number

59-3053135

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

Dennis L. Blackburn, Esquire

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

5150 Belfort Road, South

Suite, Apt. #, Etc.

Bldg. 500

City

Jacksonville

State

FL

Zip Code

32256

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

see Attach

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
S/T/D	Elizabeth S. Winship	3434 Fiddlers Bend	Fernandina Beach, FL 32034
D	Douglas Winship	3434 Fiddlers Bend	Fernandina Beach, FL 32034
P/D	Sid O'Donoghue	3429 Fiddlers Bend	Fernandina Beach, FL 32034

REINSTATEMENT

TS

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:

Elizabeth S. Winship

Elizabeth S. Winship

3/12/03

(904) 261-8719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brain Trust, Inc.
2. The principal office address: 3434 Fiddlers Bend, Fernandina Beach, FL 32034
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/26/90 Document number: N41462

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony J. Leggio, Esquire

303 Centre Street, Ste. 102

Fernandina Beach, FL 32034

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dennis L. Blackburn, Esquire

5150 Belfort Road, S., Bldg. 500

(P.O. Box or personal mailbox NOT acceptable)

Jacksonville, FL 32256

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Elizabeth S. Winship
(Signature of an officer, chairman or vice chairman of the board)

Elizabeth S. Winship, Sec./Treas.

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Dennis L. Blackburn
(Signature of Registered Agent)

3/24/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 MAR 26 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA