

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 21 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006256

1. Corporation Name

THE WILLIAM J. AND JANICE D. BROWN FOUNDATION,
INC.

Principal Place of Business

961 JASMINE DR
DELRAY BEACH FL 33483-4705
US

Mailing Address

961 JASMINE DR
DELRAY BEACH FL 33483-4705
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. BOX 157
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 157
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1994

5. FEI Number

65-0564781

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BROWN, JANICE D <i>Deceased 3/24/97</i>	961 JASMINE DR	DELRAY BEACH FL
VP	RUSSO, JOAN	1159 E TROPICAL WAY	PLANTATION FL 33317
VD	POLOZIE, STEPHEN	961 JASMINE DR	DELRAY BEACH FL
STD	EHRBAR, THOMAS R II	490 E PALMETTO PARK RD	BOCA RATON FL 33432
			2000002356692-8 -11/25/97-01051-008 ***236.25 ***236.25
			8/11/21

8. Name and Address of Current Registered Agent

BROWN, JANICE D
961 JASMINE DR
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name Thomas R. Ehrbar II
Street Address (P.O. Box Number is Not Acceptable)
2806 BANYAN BLVD CIR. N.W.
Suite, Apt. #, Etc.
City BOCA RATON, FL Zip Code 33431

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.

SIGNATURE OF
REGISTERED AGENT
Thomas R. Ehrbar II
REGISTERED AGENT MUST SIGN

Date 11/18/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

11/18/97 561-241-2315