

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -1 PM 4:35

DOCUMENT # N94000006256

1. Corporation Name

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

Principal Place of Business

P.O. BOX 157
BOCA RATON FL 33429
US

Mailing Address

P.O. BOX 157
BOCA RATON FL 33429
US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/20/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0564781	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	RUSSO, JOAN	1159 E TROPICAL WAY	PLANTATION FL 33317
VD	POLOZIE, STEPHEN <i>Resigned</i>	3133 CONN AVE. N.W.	WASHINGTON DC 20008
STD	EHRBAR, THOMAS R II	490 E PALMETTO PARK RD	BOCA RATON FL 33432
VD	RUSSO, MIKE	1159 E. TROPICAL WAY	PLANTATION FL 33317
			300003039383--6 -11/09/99--01043--006 ***245.00 ***245.00

8. Name and Address of Current Registered Agent

EHRBAR, THOMAS R III
2806 BANYAN BLVD CIR NW
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/99

11. 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:

Thomas R Ehrbar
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas R EHRBAR II

10/20/99 561-394-8638
Daytime Phone #

AD