

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N99000006822**

1. Corporation Name
BROWNSVILLE RESOURCE AND OUTREACH CENTER, INC.

Principal Place of Business	Mailing Address
1014 NORTH - X - ST PENSACOLA FL- 32505	1014 NORTH - X - ST PENSACOLA FL- 32505

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

2. New Principal Office Address, If Applicable 3012 Mobile Highway Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 3012 Mobile Highway Suite, Apt. #, etc.
City & State Pensacola, FL	City & State Pensacola, FL
Zip 32505 Country	Zip 32505 Country

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 02 JAN 18 PM 4:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida 11/17/1999	
5. FEI Number 59-3609345	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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)

Title(s)	1	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D			CASTLEMAN, LEX		3271 WINDMILLE CIRCLE		CANTONMENT FL 32533
D			TISDALE, EDDIW		930 RIDGE WAY		CANTONMENT FL 32533
D			MELTON, ELMER		1603 LARRY STREET		PENSACOLA FL 32505
D			BERRY, R.L.		48 DELUNA DRIVE 6220 Lake Charlene Dr.		PENSACOLA FL 32526 32506
D			STANDIFER, JOHNNY		7101 BEULAH ROAD		PENSACOLA FL 32526
D			YOUNGSTROM, RANDY		4640 DEERFIELD DRIVE		PENSACOLA FL 32526

8. Name and Address of Current Registered Agent

ROBERTSON, CAREY
 3100 WEST DESOTO STREET
 PENSACOLA FL 32505

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: Carey Robertson REGISTERED AGENT MUST SIGN Date: 1/15/02 *ML*

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: Randy Youngstrom **Randy Youngstrom - Director**
Treasurer 1-16-02 (850) 433-3078 Ext 257
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)