

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 15 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023341

1. Corporation Name

Brother & Brothers Enterprises, Inc.

2. Principal Office Address

3. Mailing Office Address

221 Ave. T NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven, FL

Zip

Country

Zip

Country

33881

Polk

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/14/2000

5. FEI Number

59-3631459

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

Ashley Watson

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

221 Ave. T NW

Suite, Apt. #, Etc.

City

Winter Haven

State
FL

Zip Code

33881

600005610606-9

-05/24/02--01058--14

****900.00 ****900.00

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

Ashley Watson

REGISTERED AGENT MUST SIGN

Date

2.4.02

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
Presid.	Ashley Watson	221 Ave. T NW	Winter Haven, FL 33881
V. Pres.	Trevor Lewis	221 Ave T NW	Winter Haven, FL 33881
Sec.	Clementina Watson	221 Ave T NW	Winter Haven, FL 33881

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:

Ashley Watson

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4.02

Date

Daytime Phone #

CR2E081 (9/01)