

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 DEC 28 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027431

1. Corporation Name

BRIAN J. NORTON ENTERPRISES, INC.

Principal Place of Business

3408 SE SAPELO AVE  
PORT ST LUCIE FL 3952

Mailing Address

3408 SE SAPELO AVE  
PORT ST LUCIE FL 3952

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

2. New Principal Office Address, If Applicable

2408 S.E. Sapelo Ave  
Port Saint Lucie  
F.L.

3. New Mailing Office Address, If Applicable

2408 S.E. Sapelo Ave  
Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/2000

5. FEI Number

65-1001946

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	NORTON, BRIAN J	3408 SE SAPELO AVE 2408	PORT ST LUCIE FL 3952
	U.P. Norton Barbara J.	2408 S.E. Sapelo Ave	Port St. Lucie F.L. 34952

800004765128--8  
-01/10/02--01062--002  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

NORTON, BRIAN J  
3408 SE SAPELO AVE  
PORT ST LUCIE FL 3952

9. Name and Address of New Registered Agent

Name

Barbara Norton J.

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

2408 S.E. Sapelo Ave

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34952

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-15-01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Brian J. Norton

Date

Daytime Phone #

12-15-01 561-529-1027

CR2E040 (8/01)