

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Passer

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 3:59

DOCUMENT # **P01000019334**

1. Corporation Name

ALAN T. BROWN ASSOCIATES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~3411 N 32 TERRACE~~
 HOLLYWOOD FL 33021

3411 N 32 TERRACE
 HOLLYWOOD FL 33021



800010079498
 01/14/03--01061--016 **150.00

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

2. New Principal Office Address, if Applicable 4601 SHERMAN STREET		3. New Mailing Office Address, if Applicable 4601 SHERMAN STREET		4. Date Incorporated or Qualified To Do Business in Florida 02/21/2001	
Suite, Apt. #, etc. SUITE # 222		Suite, Apt. #, etc. SUITE # 222		5. FEI Number 65-1078924	
City & State Hollywood, FL		City & State Hollywood, FL		Applied For Not Applicable	
Zip 33021	Country USA	Zip 33021	Country BROWARD	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BROWN, ALAN T	3411 N 32 TERRACE	HOLLYWOOD FL 33021

800010079498
 03/14/03--01103--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, ALAN T 3411 N 32 TERRACE HOLLYWOOD FL 33021	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State 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. or 617.0505, F.S.

Signature of Registered Agent

~~SIGNATURE REQUIRED~~

Date

1/7/03

REGISTERED AGENT MUST SIGN

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 REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03 954-321-0004

CR2E040 (8/02)



Alan T. Brown
ASSOCIATES

P. Brown

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

January 6, 2003

Re: ID#65-1078924

Doc#P01000019334

To Whom It May Concern:

Please use this letter as notification that I never received the two prior UBR notices.
Enclosed is my check for \$150.00 to file the reinstatement report.

If you have any questions, please contact me at (954)-322-0004

Thank you,


Alan T Brown

THE YEAR NOT RECEIVED WAS FOR 2002

2/19/03

Public Relations & Marketing
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Suite 222
Hollywood, Florida 33021
Tel. 954 / 322 / 0004
Fax. 954 / 322 / 0021
www.alantbrown.com