

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**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

3. New Mailing Office Address, If Applicable

4601 SHERIDAN STREET

4601 SHERIDAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 222

SUITE # 222

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Country

Zip

Country

33021

USA

33021

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2001

5. FEI Number

65-1078924

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)

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/7/03

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

PTC 202

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

2/18/03

Public Relations & Marketing
4601 Sheridan Street
Suite 222
Hollywood, Florida 33021
Tel. 954 / 322 / 0004
Fax. 954 / 322 / 0021
www.alantbrown.com