

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024532

1. Corporation Name

BROWN SYSTEMS ADMINISTRATION, INC.

Principal Place of Business

209 SOUTH ST. CLOUD  
VALRICO FL 33594

Mailing Address

209 SOUTH ST. CLOUD  
VALRICO FL 33594

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/2001

5. FEI Number

59-3705751

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
PSTD	BROWN, BRADLEY A	209 SOUTH ST. CLOUD	VALRICO FL 33594

8. Name and Address of Current Registered Agent

BROWN, BRADLEY A  
209 SOUTH ST. CLOUD  
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 10-24-02

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 #

10-24-02 810-677-9196 x 226

CR2E040 (8/02)

Brown Systems Administration, Inc  
209 S. St. Cloud  
Valrico, FL 33594

October 23, 2002

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

Florida Department of State:

**Subject: Corporation Reinstatement/ Notice of Non-Receipt of UBR Notices**

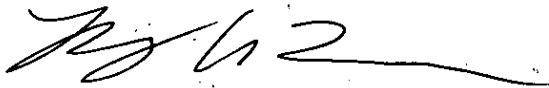
This letter is to inform you that Brown Systems Administration, Inc did not receive either Uniform Business Report notice for this year, 2002, and therefore did not file a UBR in a timely manner.

Please find enclosed a check for the UBR fee of \$150.00 along with the reinstatement application.

If there are any questions or you need to speak with me, please contact me at 813-684-4966 or you may email me at [bradley@bsaionline.com](mailto:bradley@bsaionline.com).

Thank you for your attention to this matter.

Sincerely,



Bradley A. Brown  
President  
Brown Systems Administration, Inc