

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000042609**

1. Entity Name  
**WINGS 'N' THINGS OF BROWARD, INC.**



**FILED**  
05 MAR 17 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10/18/04 01064 003 \$ 550.00

Principal Place of Business  
**3556 WEST BROWARD BLVD.  
FORT LAUDERDALE, FL 33312-1012**

Mailing Address  
**3556 WEST BROWARD BLVD.  
FORT LAUDERDALE, FL 33312-1012**

2. Principal Place of Business  
**3556 W BROWARD BLVD.**

3. Mailing Address  
**6705 NW 77 ST**

Suite, Apt. #, etc.



03102005 REIN-P CR2E098 (6/04)

City & State  
**FORT LAUDERDALE FL**

City & State  
**TAMPA FL**

Zip  
**33312**

Country  
**U.S.**

Zip  
**33321**

Country  
**U.S.**

4. FEI Number  
**65-1107024**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRAWN, PETER M  
3556 WEST BROWARD BLVD.  
FORT LAUDERDALE, FL 33312-1012**

7. Name and Address of New Registered Agent  
Name  
**DUBOIS, BAKER & ASSOC, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2825 UNIVERSITY DRIVE**  
City  
**CORAL SPRINGS** FL Zip Code  
**33065**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **3-14-2005**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRAWN, PETER M 3556 WEST BROWARD BLVD. FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>900049292479</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>03/28/05--01067--010 **350.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900049292479</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>03/28/05--01067--010 **350.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PETER M. BRAWN** DATE: **3-14-2005** DAYTIME PHONE: **754-245-4080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR