

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000065202

1. Corporation Name

BRANNON'S, INC.

Principal Place of Business

Mailing Address

4625 MAINE ST
LAKE WORTH FL 33461

4625 MAINE ST
LAKE WORTH FL 33461

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

06/28/2001

5. FEI Number

65-1110348

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
DP	BRANNON, BRAIN	4625 MAINE ST	LAKE WORTH FL 33461
DV	BRANNON, VIOLET	4625 MAINE ST	LAKE WORTH FL 33461
	Brannon Violet	4625 Maine st	Lake Worth, fl 33461

000038021210
06/16/04--01060--006 **300.00

8. Name and Address of Current Registered Agent

Brannon, Violet
~~BRANNON, VIOLET~~
4625 MAINE ST
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

Name Brannon Violet
Street Address (P.O. Box Number is Not Acceptable)
4625 MAINE ST
Suite, Apt. #, Etc. Lake Worth,
City FL State Zip Code 33461

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

Violet Brannon
REGISTERED AGENT MUST SIGN

Date

6/13/04

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:

Violet Brannon (DV) Violet Brannon 6/13/04 433-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P3 1/2

FILED

04 JUN 16 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-54

CR2E040 (7/03)

ps 2072

May 28, 2004


To: Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

From: Brannon's, Inc.
(DV) Violet Brannon
4625 Maine Street
(561)433-0212

To Whom It may concern:

I have received a application of Administrative Dissolution or Revocation, I did not receive any literature concerning this prior to the document of Dissolution. I did call the number given and was informed to complete an "Application for Reinstatement", which I am to sign and enclose a check of three hundred dollars. (\$300.00). The above address is the correct mailing address in which to send all following documents needed to correspond.

Sincerely,



Violet Brannon
Vice President
Brannon's, Inc.