

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN -9 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070300

**1. Corporation Name**

Brown's Supports & Services, Inc.

300021273033  
07/02/03--01056--023 \*\*300.00

*02-03 UBR*

**2. Principal Office Address**

613 St. Johns Ave.

**3. Mailing Office Address**

P.O. Box 432

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Palatka

Zip

32177

Country

US

Zip

32178

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07-17-01

**5. FEI Number**

59-3716506

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Mark A. Brown

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

613 St. Johns Ave, Suite

Suite, Apt. #, Etc.

Suite 300

City

Palatka

State

FL

Zip Code

32177

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Mark A. Brown*  
REGISTERED AGENT MUST SIGN

Date

6/6/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Mark A. Brown	119 Raintree Woods Tr.	Palatka, FL 32177
Treasurer Sec'y	Dara K. Brown	119 Raintree Woods Tr.	Palatka, FL 32177

**10. 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)(f), 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:

*Mark A. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. BROWN

Date

6/6/03

Daytime Phone #

CR2E081 (10/02)

*Zed*

**Brown's Supports and Services, Inc.**  
**P.O. Box 432**  
**Palatka, FL 32178**  
**Ph: 386-328-9745      Fax: 386-328-9745**

June 6, 2003

To Whom It May Concern:

Upon realizing that my current status with the state of operating my business is inactive, I placed a phone call to the state and was informed that my renewal form was mailed to the incorrect address (a street address) and not my post office mailing address and was returned back to you.

I am now expediting the reinstatement of my license to operate and am requesting the 2002 reinstatement fee of \$600.00 be waived because of not receiving the renewal notice.

Please process immediately and thank you for your cooperation in this matter. Please make sure the mailing address has been changed—

**From: 318 N. 9<sup>th</sup> St., Palatka, FL 32177**

**To: P.O. Box 432; Palatka, FL 32178**

Again, thank you for your time and understanding.

Sincerely,



Dara K. Brown  
Secretary/Treasurer