PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS O8 JUL 28 PM 1: 42 DOCUMENT # PO 1 000 1/ 6045 1. Corporation Name Teff + Evic Brown Enterprises, Inc. 2. Principal Office Address - No P.O. Box # 14 Pryor Suite, Apt. #, etc. City & State City & City & State City & City & State City &	, LENGE RELIGITION DEL ONE DE COM LE INTO TIMO TOTAL									
1. Corporation Name THE Fric Brown Enterprises, TMC. 2. Principal Office Address - No P.O. Box # 14 Pryor Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Fort Did Hon Beach FL Country 20 32 SVB Country To Business in Fords To Business in Fords To Dissiness To Dissiness in Fords To	REINSTATEMENT Secretary of State									
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Suite, Apt. 5, etc. Suite, Apt. 6, etc. Suite, Ap	2. Principal	Office Address	- No P.O. Box #	3. Mailing Offi	Office Address		1			
City & State Fort Walton Beach A Country 32548 Country 32					<u> 4740</u>	· · ·	CR2E081 (12/07)			
Fort Walton Beach, A Tort Withon Beach, FL 20 Country 32.548 Count							4. Date Incorporated or Qualified To Do Business in Florida			
7. Name and Address of Current Registered Agent Name Fric Brown Street Address (P.O. Box Number is Not Acceptable) W Pryor Sule. Apt. R. Etc. City Fort Walton Beach FL 32548 8. I, being appointed the registered agent of the aboye named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Must Sign 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors D Fric Brown IN Pryor A. Walton B.h., FL 32548 10. I certly that I am an officer or director or the receiver or trustee emplowered to execute this application as provided for in chapter 607 or 617, F.S. Inturber certify that when filing the recopration, the reason for dissolution has been eliminated, the corporate name sathfelish the receiver of section 607 dott or 617,0401, F.S., that at least one of the corporate name sathfelish the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Inturber certify that when filing the recopration has been eliminated, the corporate name sathfelish the receiver name cashfelish the requirements of section 607 0401 or 617,0401, F.S., that at least one over the receiver name cashfelish the receiver name cashfelish the requirements of section 607 0401 or 617,0401, F.S., that at least one over the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Inturber certify that when filing the corporation has been paid and the names of individuals issted on this form do not quality for an exemption encoded in the corporation has the paid and the corporation has the cor	•	Walton	Beach, FL						Applied For Not Applicable	
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are certifying the prior notices were not received and requesting the reinstatement fee be waived. State Zip Code FL 32548 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Prown In Pryor A. Walton B.A., FL 32548 D Teffrey Brown IS 8th Street Shown In Pryor A. Walton B.A., FL 32548 D Penn' Brown In Pryor A. Walton B.A., FL 32548 UNULUS-ULUSU-ULU							the prior notices. By checking this box, you are certifying the prior notices were not			
State Zip Code FL 32548 State Zip Code FL 32548	14 Pryor									
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Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director D Evic Brown IN Pryor A. Walton Bh, Ft. 32548 D Teffrey Brown IN Pryor Ft. Walton Bch, Ft. 32549 U/VI/VI8-U1U5U-U13 **300.00 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 over by the corporation have been paid and the names of individuals listed on this form do not quality for an exemption contained in Chapter 119, F.S. The information indicated	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										