

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 FEB 12 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000042889**

1. Corporation Name

ROBERT ELLIS BROWN, INC.

Principal Place of Business

Mailing Address

6177 JOG ROAD, #D1
LAKE WORTH FL 33467

6177 JOG ROAD, #D1
LAKE WORTH FL 33467



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1045 E. Atlantic Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

Flam Bn

Zip

Country

REINSTATEMENT

07-04

Not Updated or Qualified
To Do Business in Florida

04/12/2002

5. FEI Number

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
PVST	BROWN, ROBERT ELLIS	6177 JOG ROAD, #D1	LAKE WORTH FL 33467
D	BROWN, ROBERT ELLIS	6177 JOG ROAD, #D1	LAKE WORTH FL 33467

600028545076
02/11/04--01018--011 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, ROBERT ELLIS
6177 JOG ROAD, #D1
LAKE WORTH FL 33467

Name

Robert Ellis Brown Inc.

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

1045 E Atlantic

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date

2/5/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/04

Daytime Phone #

561-276-3570

CR20040 (7/03)

To whom it may concern: 2-5-04

I didn't receive the renewal notice for the year 2003.

I called your office to explain and was advised to mail you a \$300 check, and to ask you to waive the late fee. If

any questions please call
1-561-523-1587

Thank you,
