

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

DOCUMENT # P02000116693

1. Corporation Name

Brown's Milling, Inc.

2. Principal Office Address

575 Scrubjay Lane

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

3. Mailing Office Address

575 Scrubjay Lane

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

REINSTATEMENT

03-04
MRB

4. Date Incorporated or Qualified

To Do Business in Florida 10/28/02

5. FEI Number

54-2080391

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

Craig J. Brown

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

575 Scrubjay Lane

Suite, Apt. #, Etc.

City

Jupiter

500039069689
09/21/04--01037--005 **\$10.00

500039069689
07/13/04--01067--004 **\$150.00

3/7/03-90140-011*-150.00

State

FL

Zip Code

33458

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

Date

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Brown, Craig J.	575 Scrubjay Lane	Jupiter, FL 33458

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)(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

Daytime Phone #

CR2E081 (01/04)