

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

03 DEC 18 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117420

1. Corporation Name

BRIAN M. TAYLOR, INC.

Principal Place of Business

Mailing Address

2759 LONGWOOD BLVD.
MELBOURNE FL 32935

2759 LONGWOOD BLVD.
MELBOURNE FL 32935



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

57-1136367

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TAYLOR, BRIAN M	2759 LONGWOOD DRIVE	MELBOURNE FL 32935
D	TILLERY, ROBERT	413 FORGAL AVE.NE	PALM BAY FL 32907

400025596114
12/18/03 01028 005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, BRIAN M
2759 LONGWOOD BLVD.
MELBOURNE FL 32935

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Brian M. Taylor

Date 12-12-03

REGISTERED AGENT MUST SIGN

Brian M. Taylor

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: X

Brian M. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian M. Taylor

12-12-03

Date

321-254-8577

321-960-1191

Daytime Phone #

CR2E040 (7/03)

Brian Matthew Taylor
2759 Longwood Boulevard
Melbourne, Florida 32934
Tele: 321-254-8577 Cell: 321-960-1191

December 16, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Re: ***Application for Reinstatement***
Document # P02000117420
Brian M. Taylor, Inc.

This corporation has not yet been activated and no UBR's were received. Consequently, the corporation received a NOTICE OF ADMINISTRATIVE REVOCATION.

At this time I would like to reinstate the corporation with the deletion of one corporate director. Please note same on application for reinstatement.

Enclosed is a check for \$150.00. In the event that the fee is waived I would appreciate the return of the check. Thank you

Sincerely,

Brian M. Taylor, Director
Brian M. Taylor, Inc.

