

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.

**REINSTATEMENT 03**

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*  
 REGISTERED AGENT MUST SIGN **Brian M. Taylor**

Date **12-12-03**

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: *Brian M. Taylor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **BRIAN M. Taylor**

Date **12-12-03**

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.

