

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT -9 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000127615

**1. Corporation Name**

BROWN ELECTRIC & PLUMBING INC

**2. Principal Office Address**

1216 S.W. DOUGLAS ST

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

Zip

32064

Country

UNITED STATES

**3. Mailing Office Address**

1602 S.W. 8TH ST

Suite, Apt. #, etc.

City & State

LIVE OAK FL

Zip

32064

Country

UNITED STATES

**REINSTATEMENT**

CR2E081 (12/05)

04-06

WDP

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/01/2004

**5. FEI Number**

20-5631381

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

J. D. BROWN

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

1216 S.W. DOUGLAS ST

Suite, Apt. #, Etc.

City

LIVE OAK

State

FL

Zip Code

32064

**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

J. D. Brown

Date 10/6/06

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
<u>D</u>	<u>J. D. BROWN</u>	<u>1216 S.W. DOUGLAS ST</u>	<u>LIVE OAK, FL 32064</u>
<u>D</u>	<u>LINDA OWENS</u>	<u>524 LINCOLN AVE</u>	<u>LIVE OAK, FL 32064</u>
<u>D</u>	<u>CHARLES BROWN</u>	<u>737 BADON AVE</u>	<u>LIVE OAK, FL 32064</u>

**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 contained in Chapter 119, 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

J. D. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/06

Date

386-362-1664

Daytime Phone #

J.D. Brown Elec. & Plumbing Services  
1216 SW Douglas Street  
Live Oak, FL 32064

386-362-4786 386-362-2901 (FAX)

October 9, 2006

I have not received any notices for  
the years 2004 and 2005.

G. D. Brown/els  
President/Director

Lynda B. Owens  
Sec. 1