



FILED

15 DEC -4 AM 12:15

RECEIVED

4. Date Incorporated or Qualified To Do Business in Florida 11/12/2003			
5. FEIN Number 86-1087491	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		

300279766763
12/04/15--01030--007 **750.00

1. Corporation Name

BROWN BROTHERS ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

4232 Brantley Circle

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip	Country
02955-4773	USA

7. Name and Address of Current Registered Agent

Name

Uncapher Law, P.A.

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

518 East South Street

SUNB, APL #, ETC.

Suite 500

City

Orlando

State

FL

Zip Code

801-2986

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**

REGISTERED AGENT MUST SIGN

Date 10/8/15

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
D	BROWN, STANLEY ALAN	4232 Brantley Circle	Rockledge, FL 32955
VP,S	BROWN, TAMARA K	4232 Brantley Circle	Rockledge, FL 32955
P,T	BROWN, STANLEY ALAN	4232 Brantley Circle	Rockledge, FL 32955
	<div data-bbox="306 1505 568 1528">REINSTATEMENT</div> <div data-bbox="306 1528 568 1551">2015</div>		S. HAWKES
			DEC 7 A.M.
			EXAMINED

7. E-mail Address: WOODYBROWN66@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE: Stanley Alan Brown Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

10/20/2015

321-303-0250