

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000105079

1. Entity Name
BROOKS AND BROOKS PAINTING INC.



FILED

05 DEC -5 AM 9:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**19730 NW 40 AVE.
MIAMI, FL 33055**

Mailing Address
**19730 NW 40 AVE.
MIAMI, FL 33055**

2. Principal Place of Business
197-30 NW 40 AVE
Suite, Apt. #, etc.

3. Mailing Address
197-30 NW 40 AVE
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33055

Country

Zip
33055

Country



6. Name and Address of Current Registered Agent
BROOKS, TREVOR
19730 NW 40 AVE.
MIAMI, FL 33055

4. FEI Number **34-2011562**
~~904-900-1151-70~~

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
BROOKS AND BROOKS PAINTING INC.
Street Address (P.O. Box Number is Not Acceptable)
197-30 NW 40 AVE
MIAMI FLORIDA 33055
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TREVOR E. BROOKS** **TREVOR E. BROOKS** **10 18 05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, TREVOR 19730 NW 40 AVE. MIAMI, FL 33055	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060920010 10/25/05--01046--024 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOKS, DIANA 19730 NW 40 AVE. MIAMI, FL 33055	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060920010 12/08/05--01035--010 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREVOR BROOKS 19730 NW 40 AVE MIAMI, FL 33055	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANA BROOKS 197-30 NW 40 AVE MIAMI, FL 33055	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREVOR BROOKS 197-30 NW 40 AVE MIAMI, FL 33055	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANA BROOKS 197-30 NW 40 AVE MIAMI, FL 33055	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TREVOR E. BROOKS** **TREVOR E. BROOKS** **10 18 05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIVISION OF CORPORATIONS

TO WHOM THIS MAY CONCERN,

I DID NOT RECEIVE
A LETTER BEFORE
THIS ONE.

SIGNED JEROME E. BROOKS

FOR BROOKS AND BROOKS PRINTING INC

AND SOME ONE IN YOUR

OFFICE TOLD ME. SINCE I

DID NOT RECEIVE THE FIRST

LETTER MY FEE WOULD BE
\$150.