

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000000707

Entity Name: CHARLES L. BROWN, INC.

FILED
Oct 15, 2008
Secretary of State

Current Principal Place of Business:

10610 SUMMIT SQUARE DR
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 634
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3197953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CHARLES L
10610 SUMMIT SQUARE DR
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHARLES L BROWN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, CHARLES L
Address: 10610 SUMMIT SQUARE DR
City-St-Zip: LEESBURG, FL 34788 US

Title: VP () Delete
Name: BEEKMAN, BRANDON
Address: 10610 SUMMIT SQUARE DR
City-St-Zip: LEESBURG, FL 34788 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L BROWN

PD

10/15/2008

Electronic Signature of Signing Officer or Director

Date