

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000124733

1. Corporation Name

Brogan Marketing, Inc.

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

3599 Conroy Road

Suite, Apt. #, etc.

915

City & State

Orlando Florida

Zip

32839

Country

United States

3. Mailing Office Address

3599 Conroy Road

Suite, Apt. #, etc.

915

City & State

Orlando Florida

Zip

32839

Country

United States

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/2005

5. FEI Number

56-2530438

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

Ryan Brogan

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

3599 Conroy Road

Suite, Apt. #, Etc.

915

City

Orlando

State

FL

Zip Code

32839

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **10/19/07**

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
President	Ryan Brogan	3599 Conroy Road Unit 915	Orlando/Florida/32839
			300111215863 10/23/07--01043--001 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/07

Date

321-356-6778

Daytime Phone #

RECEIVED OCT 23 2007