

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 17 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000009471

1. Corporation Name

BRANDON FERRIN, INC.

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

1009 Robinson Dr N

Suite, Apt. #, etc.

City & State

Saint Petersburg

Zip

33710

Country

USA

3. Mailing Office Address

1009 Robinson Dr N

Suite, Apt. #, etc.

City & State

Saint Petersburg

Zip

33710

Country

USA

500169560425

02/18/10--01002--020 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2006

5. FEI Number

20-1134519

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

Brandon Ferrin

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

1009 Robinson Dr N

Suite, Apt. #, Etc.

City

Saint Petersburg

State

FL

Zip Code

33710

☒ 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 **2/3/2010**

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	Brandon Ferrin	1009 Robinson Dr N	Saint Petersburg FL 33710
Treasurer	Howard McGinness	5433 43rd St	Saint Petersburg FL 33714
Secretary	Larry Brown	540 9th Ave N	Saint Petersburg FL 33701

REINSTATEMENT

RA

10. E-mail Address: **brandonferrin@hotmail.com**

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

Brandon Ferrin

2/3/2010

727.776.1439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #