


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA  08 DEC 17 PM 4:18  800139094888 12/17/08--01025--003 **300.00  <b>REINSTATEMENT</b> 07-08 <sup>Ks</sup> CR2E081 (10/08)	
DOCUMENT # <u>PD6000137067</u>					
1. Corporation Name  Benny Brown, Inc.					
2. Principal Office Address - No P.O. Box # 5154 Williamstown Blvd.  Suite, Apt. #, etc.			3. Mailing Office Address 5154 Williamstown Blvd.  Suite, Apt. #, etc.		
City & State Lakeland FL			City & State Lakeland FL		
Zip 33810	Country USA	Zip 33810	Country USA	4. Date Incorporated or Qualified To Do Business in Florida <u>10-27-06</u>	
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Benny Brown					
Street Address (P.O. Box Number is Not Acceptable) 5154 Williamstown Blvd.					
Suite, Apt. #, Etc.					
City Lakeland			State FL	Zip Code 33810	
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 <u>Benny Brown</u>				Date <u>12-11-08</u>	
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	
DPST	Benny Brown	5154 Williamstown Blvd.		Lakeland, FL 33810	
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: <u>Benny Brown</u>				Date <u>12-11-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

**Benny Brown, Inc.**  
**5154 Williamstown Blvd.**  
**Lakeland, FL 33810**

December 11, 2008

To Whom It May Concern:

I did not receive any Annual Report notices due to the fact that I moved. I would like to reinstate my Corporation.

Thanking you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Benny Brown", with a stylized, sweeping flourish at the end.

Benny Brown  
Benny Brown, Inc.