

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 10 P 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200180668922
05/11/10--01001--020 **\$300.00

CR2E081 (4/10)

DOCUMENT # P08000001845

1. Corporation Name

Brian Dunn Inc.

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

293 Astro Ct.

Suite, Apt. #, etc.

City & State

Tall, FL

Zip

32302

Country

US

3. Mailing Office Address

2541 Lemon Lane

Suite, Apt. #, etc.

City & State

Tall FL

Zip

32308

Country

US.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Brian Dunn

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

2541 Lemon Lane

Suite, Apt. #, Etc.

City

Tall FL

State

FL

Zip Code

32308

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

REGISTERED AGENT MUST SIGN

Date 4-10-10

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
	Secretary		
Secretary	Suzanne Dunn	2541 Lemon Ln.	Tall FL 32308
P	Brian Dunn	2541 Lemon Lane	" " "

REINSTATEMENT

09-10
GCS

10. E-mail Address:

(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:

Brian Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/10

Date

Daytime Phone #