

2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
14 JAN 22 AM 10:27
STATE
FLORIDA

DOCUMENT # P12000051832	
1. Entity Name BROWN BROTHERS CLEANING SERVICE INC.	

Principal Place of Business 9503 FOREST GROVE RD TALLAHASSEE, FL 32305	Mailing Address 9503 FOREST GROVE RD TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222014 REIN-P CR2E098 (12/11)

City & State	City & State
Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, TERRY 9503 FOREST GROVE RD TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 1-22-14

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O BROWN, TERRY <input type="checkbox"/> Delete 9503 FOREST GROVE RD TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O BROWN, VINCENT <input type="checkbox"/> Delete PO BOX 135 WOODVILLE, FL 32362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600255880746
01/22/14--01016--020 **900.00

S. HAWKES
JAN 22 AM.
EXAMINER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>[Signature]</u>	DATE: <u>1-22-14</u>	E-MAIL ADDRESS:
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