

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 18 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072803

1. Corporation Name
BROOKMAN & SONS
P93000072803

Principal Place of Business Mailing Address
8238 NW 16 ST (SAME)
CORAL SPRINGS FL
33071

REINSTATEMENT

95-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable 8238 NW 16TH STREET		4. Date Incorporated or Qualified To Do Business in Florida 10/20/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0449760	
City & State		City & State CORAL SPRINGS, FL		Applied For Nor Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33071	US		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	SUSAN BROOKMAN	8238 NW 16 ST	CORAL SPRINGS FL 33071
VP	LEO BROOKMAN	8238 NW 16 ST	CORAL SPRINGS FL 33071
T	LEO BROOKMAN		
D	SUSAN BROOKMAN		
D	LEO BROOKMAN		
D	SUSIE BROOKMAN	2813 NE 27 ST #4	LIGHTHOUSE PT. FL 33064

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-11/25/98-01006-011
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent SUSAN BROOKMAN 2813 NE 27TH ST. SUITE 4 LIGHTHOUSE POINT, FL 33064		9. Name and Address of New Registered Agent Name LEO BROOKMAN Street Address (P.O. Box Number is Not Acceptable) 8238 NW 16TH STREET Suite, Apt. #, Etc. City CORAL SPRINGS State FL Zip Code 33071	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Leo Brookman Date 10/20/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Susan Brookman (954) 344-6727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN BROOKMAN
Date 10-20-98 Daytime Phone #

CR20040 (1/98)