

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 14 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029103

1. Corporation Name

Brown Roofing Inc.

2. Principal Office Address

517 Hillcrest Dr. SE

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip 33884

Country USA

3. Mailing Office Address

517 Hillcrest Dr. SE

Suite, Apt. #, etc.

City & State

Winter Haven FL 33884

Zip 33884

Country USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3239041

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

Sarah Jane Brown

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

517 Hillcrest Dr. SE

Suite, Apt. #, Etc.

000039642690

07/28/04-01042-003 **300.00

City

Winter Haven

State

FL

Zip Code

33884

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

Sarah Jane Brown

REGISTERED AGENT MUST SIGN

Date 7-13-04

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
PRES.	<u>CARLIE Q. BROWN</u>	<u>517 Hillcrest Dr. SE</u>	<u>Winter Haven FL 33884</u>
VICE	<u>CARLIE J BROWN</u>	<u>1652 Rose Lawn St. SW</u>	<u>Winter Haven FL 33880</u>
SEC.	<u>Sarah Jane Brown</u>	<u>517 Hillcrest Dr. SE</u>	<u>Winter Haven FL 33884</u>

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 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:

Sarah Jane Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-04

Date

863-318-8800

Daytime Phone #

CR2E081 (01/04)