

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

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AND  
FILED

DOCUMENT # **P94000039582**

1. Corporation Name

**DON BROWN, INC.**

96 NOV 18 PM 4:20

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5580 SW 7 STREET  
PLANTATION FL 33317

5580 SW 7 STREET  
PLANTATION FL 33317

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

05/23/1994

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
CEO	BROWN, DONALD	5580 SW 7 STREET	PLANTATION FL 33317
D	<del>BROWN, JACQUELINE</del> BROWN, JACQUELINE	5580 SW 7TH ST	PLANTATION FL 33317
D	<del>BROWN, DANIEL</del> REMOVE	5580 SW 7TH ST	MURRAYVILLE GA 30069
D	<del>ROLOFF, GARY A</del> REMOVE	5580 SW 7TH ST	PLANTATION FL 33317
D	<del>PILLARD, PEGGY L</del> REMOVE	5580 SW 7TH ST	PLANTATION FL 33317
D	BROWN, JAY W	5580 SW 7TH ST	PLANTATION FL 33317

8. Name and Address of Current Registered Agent

BROWN, JACQUELINE C  
5580 SW 7TH ST  
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name: DONALD BROWN  
Street Address (P.O. Box Number is Not Acceptable): 5580 S.W. 7 ST  
Suite, Apt. #, Etc.: PLANTATION  
City: PLANTATION State: FL Zip Code: 33317

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

*Donald Brown*  
REGISTERED AGENT MUST SIGN

Date: 11/1/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: 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 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: *Donald Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/1/96 Daytime Phone: 954-792-5214

REINSTATEMENT

ORIGINAL FILED