

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000052575

**1. Corporation Name**

Brokers, Inc.

2902 Teal Lane  
P. O. Box 17929

**2. Principal Office Address**

2902 Teal Lane

Suite, Apt. #, etc.

**3. Mailing Office Address**

P. O. Box 17929

Suite, Apt. #, etc.

**City & State**

Clearwater, Florida

**City & State**

Clearwater, Florida

**Zip**

33762

**Country**

USA

**Zip**

33762

**Country**

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 07/14/94

**5. FEI Number**

59-3254406

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**

Melisa A. French

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

2902 Teal Lane Clearwater

Suite, Apt. #, Etc.

**City**

Clearwater

**State**

FL

**Zip Code**

33762

**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

*Melisa A. French*

Date 05/27/04

REGISTERED AGENT MUST SIGN

**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	Melisa A. French	2902 Teal Lane	Clearwater, FL 33762
Sec/Tre	Melisa A. French	2902 Teal Lane	Clearwater, FL 33762

**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:

*Melisa A. French*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/04

Date

727-556-0814

Daytime Phone #

**FILED**

04 JUN -4 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

03-84

CR111(1) 1803202

PS 2072

**Brokers Inc.**  
**Melisa A. French**  
**P. O. Box 17929**  
**Clearwater, Florida 33762**

May 27, 2004

Department Of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Department of State:

**Re: P94000052575**

Please understand that I moved two years ago and the notice of my Corporation Annual Notice due never got to me. It would be a real hardship financially for me to pay all of the reinstatement fees.

Enclosed is a check for \$300.00 for the amounts due. Thank you for your help and please call me if you have any questions at (727) 460-5858.

Sincerely,

*Melisa A. French*  
Melisa A. French