

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P94000056841**

1. Corporation Name

**BROWNING FOR BRICKWORK, INC.**

Principal Place of Business

**243 DUNBRIDGE DRIVE  
PALM HARBOR FL 34684**

Mailing Address

**243 DUNBRIDGE DRIVE  
PALM HARBOR FL 34684**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**96 DEC -2 PM 12:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**REINSTATEMENT** 1996 12-2-96

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/01/1994**

5. FEI Number

**59-3263879**

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
<b>D</b>	<b>BROWNING, HAROLD J</b>	<b>243 DUNBRIDGE DRIVE</b>	<b>PALM HARBOR FL 34684</b>
<b>D</b>	<b>BROWNING, MARY ELLEN</b>	<b>243 DUNBRIDGE DRIVE</b>	<b>PALM HARBOR FL 34684</b>

**800002019138--5**  
**-12/04/96--01040--023**  
**\*\*\*\*375.00 \*\*\*\*375.00**

8. Name and Address of Current Registered Agent

**BROWNING, HAROLD J**  
**243 DUNBRIDGE DRIVE**  
**PALM HARBOR FL 34684**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**REGISTERED AGENT MUST SIGN**

Date

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:

**REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #