

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 Feb 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705000032339

1. Corporation Name

M.E. BROWN CONSTRUCTION OF NW FLORIDA, INC

Principal Place of Business

Mailing Address

927 WHELK COURT
FORT WALTON BEACH, FL 32548

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

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1924

Suite, Apt. #, etc.

City & State

City & State

FT. WALTON BEACH, FL

Zip

Country

Zip

Country

32548

OKALOOGA

4. Date Incorporated or Qualified
To Do Business in Florida

8/01/95

5. FEI Number

59-3308589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	MERRILL E. BROWN	927 WHELK COURT	FT. WALTON BEACH, FL 32548
SE/Tr	JACK JERRINGIN	927 WHELK COURT	FT. WALTON BEACH, FL 32548
			3000002435433--1
			-02/19/98--01072--002
			***1050.00 ***1050.00
			2-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael J. Ward
REGISTERED AGENT MUST SIGN

Date 2-17-98

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 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:

M.E. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. E. BROWN

2-17-98

Date

858-585-4803

Daytime Phone #

CR2E040 (1/98)