

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

**FILED**

97 OCT 29 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000043598**

1. Corporation Name

**BROWN & LIVINGSTON ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

550 N REO STREET  
SUITE 300  
TAMPA FL 33609  
US

550 N REO STREET  
SUITE 300  
TAMPA FL 33609  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3328064

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BROWN, RICHARD J	4934 BAY WAY DRIVE	TAMPA FL 33629
D	LIVINGSTON, JAMES R	163 ARBOR GLEN DRIVE	PALM HARBOR FL 34683

9000002338059--6  
-11/04/97--01087--005  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIRKWOOD, PETER T  
601 BAYSHORE BLVD.  
SUITE 700  
TAMPA FL 33606

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

*Peter T Kirkwood*

REGISTERED AGENT MUST SIGN

Date

10/27/97

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:

*Richard J Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 813-287-5126  
Date Daytime Phone #

CR2E040 (8/97)