

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-04

DOCUMENT # P95000047610

1. Corporation Name

BROWN TRAILER RENTALS, INC

2. Principal Office Address

11924 FOREST HILL BLVD
SUITE 22-282

Suite, Apt. #, etc.

22-282

City & State

WELLINGTON

Zip

FL

Country

PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33414

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/19/1995

5. FEI Number

650590742

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

STEVE BRASWELL

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

11924 FOREST HILL BLVD

Suite, Apt. #, Etc.

SUITE 22-282

City

WELLINGTON

State
FL

Zip Code
33414

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

Steve Braswell

Date

3/7/04

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
P	William S. BRASWELL	11924 FOREST HILL BLVD. SUITE 22-282	WELLINGTON, FL 33414
SEC	STEVE BRASWELL	"	"
VP	DAVID P. BRASWELL	"	"

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:

Steve Braswell

3/7/04

Date

561-433-3333

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61.25 88.75
X 6 X 6
367.50 + 532.50 + 8.75 + 1500.00 = 2402.75

\$ 1,500.00 2

CR2E08 (01/04)