

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAY 26 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000011963

1. Corporation Name

ESTEBAN BROWN CPA PA

Principal Place of Business

Mailing Address

9461 SW 25 DR
MIAMI FL 33165

SAME

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/7/96	
City & State		City & State		5. FEI Number	
Zip		Zip		65-063802	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
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
<u>President</u>	<u>ESTEBAN BROWN</u>	<u>9461 SW 25 DR MIAMI FL 33165</u>	<u>MIAMI FL 33165</u>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>ESTEBAN BROWN</u>		Name	
<u>9360 SUNSET DR #287</u>		Street Address (P.O. Box Number is Not Acceptable)	
<u>MIAMI FL 33173</u>		Suite, Apt. #, Etc.	
		City	
		State <u>FL</u> 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: [Signature] REGISTERED AGENT MUST SIGN Date: 5/20/99

11. This corporation owes 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: [Signature] ESTEBAN BROWN 5/20/99 305-271-7697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (12-98)