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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000048281

1. Entity Name

BROOKS SPRINKLER SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6511 Nova Drive

3. Mailing Address

6511 Nova Drive

Suite, Apt. #, etc.
PMB #154

Suite, Apt. #, etc.
PMB #154

City & State
Davie, Florida

City & State
Davie, Florida

REINSTATEMENT 06

Zip
33317

Country

Zip
33317

Country

4. FEI Number
65-0670300

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City
Miami

FL

Zip Code
33145

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SPIEGEL & UTRERA, P.A.

SIGNATURE

By:

Natalia Utrera

Natalia Utrera, Vice President

11/2/06

January 1, May 1 Fee is \$100.00
After May 1 Fee is \$500.00
Amended UBR is \$51.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PVD
Ward, Steve
STREET ADDRESS
6511 Nova Drive, PMB #154
CITY-ST-ZIP
Davie, Florida 33317

TITLE
NAME
400081910704
STREET ADDRESS
11/17/06--01055--009 **\$200.00
CITY-ST-ZIP

TITLE
NAME
ST
Ranger, Marcel
STREET ADDRESS
6511 Nova Drive, PMB #154
CITY-ST-ZIP
Davie, Florida 33317

TITLE
NAME
400081910704
STREET ADDRESS
11/17/06--01055--009 **\$50.00
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other line empowered.

SIGNATURE:

Steve Ward

Steve Ward, President

11/8/06

954 600 2815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Phone #

20f2

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

1. Steve Ward is the President of BROOKS SPRINKLER SERVICE, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 15, 2006.
3. That the Corporation failed to file its 2006 Annual Report or pay the 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2006 Annual Report fees and the filing of its 2006 Annual Reports, which are presented simultaneously with this Affidavit.
5. BROOKS SPRINKLER SERVICE, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 2 day of November, 2006

FURTHER, AFFIANT SAYETH NOT

BROOKS SPRINKLER SERVICE, INC.

By: [Signature]
Steve Ward, President

SWORN AND SUBSCRIBED
before me this 2 day of November, 2006

[Signature]
Notary Public, State of Florida at Large
Printed Name: _____
Commission Expires: _____

