

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048281

1. Corporation Name

Brooks Sprinkler Service Inc.

2. Principal Office Address - No P.O. Box #

6230 SW 41 Pl.

3. Mailing Office Address

6511 Nova Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #154

City & State

Davie, Fl.

City & State

Davie, Fl.

Zip

33314

Country

Broward

Zip

33317

Country

Broward

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

July 1, 2006

**5. FEI Number
65-0670300**

☐ 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

Steven Ward

**Street Address (P.O. Box Number is Not Acceptable)
6230 SW 41 Pl.**

Suite, Apt. #, Etc.

City

Davie

**State
FL**

**Zip Code
33314**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

STEVEN WARD *[Signature]*

Date 10/30/09

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 T S	Steven Ward	6230 SW 41 Pl.	Davie, Fl. 33314

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 contained in Chapter 119, 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:

STEVEN WARD *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/09
Date

954 600-2815
Daytime Phone #

FILED
09 NOV -2 PM 4:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

300162393003
11/02/09--01034--011 **908.75
REINSTATEMENT **08-09**
GR2E0812(12/08)

11/2/09