

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 17 AM 8:00  
**REINSTATEMENT** 02-04

DOCUMENT # P97000016298

1. Corporation Name

KARL S.H. BROWN, P.A.

2. Principal Office Address  
190 N.E. 199 Street

3. Mailing Office Address  
P.O. Box 174067

Suite, Apt. #, etc.  
207

Suite, Apt. #, etc.

City & State  
North Miami Beach, Fl

City & State  
Hialeah, Florida

Zip Country  
33179 U.S.A

Zip Country  
33017 U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 2-12-1997

5. FEI Number  
65-0737172

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  
FRANKLIN C. FERGUSON, SR.

Street Address (P.O. Box Number is Not Acceptable)  
190 N.E. 199 Street,

Suite, Apt. #, Etc.  
207

City  
Miami, Florida 33179

State Zip Code  
FL 33179

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 Franklin C. Ferguson, Sr.  
REGISTERED AGENT MUST SIGN

Date 2-11-04

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	Karl S.H. Brown	3416 Bahama Drive	Miramar, Florida 33029

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: Karl S.H. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04  
Date

305-655-2232  
Daytime Phone #

CR2E081 (01/04)