PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 OCT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 AM 9:30

DOCUMENT # P97000049143

1. Corporation Name

BRUSH & HAMMER, INC.

Principal Place of Business	Mailing Address
717 SW 12TH AVE FT LAUDERDALE FL 33312	717 SW 12TH AVE FT LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1997

5. FEI Number: 65-0759106 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HIBBARD, WILLIAM	717 SW 12TH AVE	FT LAUDERDALE FL 33312
D	NAVA, JO ANN	717 SW 12TH AVE	FT LAUDERDALE FL 33312

100003457391--1
-11/09/00--01012--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HIBBARD, WILLIAM 717 SW 12TH AVE FT LAUDERDALE FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE: William Hibbard William Hibbard 10/16/00 (954) 462-7526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060059 AF

To whom it may concern: 10-16-00

Enclosed is my filing fee check in the amount of $150 along with completed document # P97000049143.

I wish to advise you that in past years, as soon as I have received Notice of fees due, I have promptly paid it. This years fees were late however due to the fact that I never received any notice.

Thank You

William Hibbard

William Hibbard
President of Brush Hammer Inc
(954) 463-4569