

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000052432

1. Corporation Name

BROOKMONT CORPORATION

Principal Place of Business

Mailing Address

12951 JULINGTON RIDGE DR E
JACKSONVILLE FL 32258-3412

12951 JULINGTON RIDGE DR E
JACKSONVILLE FL 32258-3412

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3499475	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	4 City / State / Zip
D	DUPREL, MICHAEL A SR	12951 JULINGTON RIDGE DR E	JACKSONVILLE FL 32258
D	BENTON, JERRY S	4967 WATER OAK LANE	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DUPREL, MICHAEL A 12951 JULINGTON RIDGE DR E JACKSONVILLE FL 32258-3412		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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] **SIGNATURE REQUIRED** Date: 12/15/00
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.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** MICHAEL A. DUPREL SR. Date: 12/15/00 Daytime Phone #: 904-262-5548
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)