

Oct-01-03 05:04P
Oct 01 03 04:13p

Michael Rehr

305 667 0100
13051 670 - 8330

P.01
P.L.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000057702			
1. Corporation Name Brown Funding Corp			
2. Principal Office Address 89301 Old Highway Suite, Apt. #, etc.		3. Mailing Office Address 89301 Old Highway Suite, Apt. #, etc.	
City & State TAUERNIER		City & State TAUERNIER	
Zip 33070	County FL	Zip 33070	County FL

FILED

03 OCT -7 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-03

700023608927

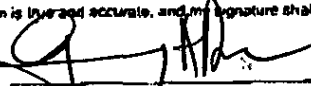
10/07/03--01008--031 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida July 1 st 1997	
5. FEI Number 650771491	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ SEE 75 And 101 for requirements for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name GARY BROWN	
Street Address (P.O. Box Number is Not Acceptable) 89301 Old Highway	
Suite, Apt. #, Etc. TAUERNIER FL	
City TAUERNIER FL	State FL
Zip Code 33070	

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 	Date 10/02/03
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
Pres.	GARY BROWN	89301 Old Highway TAUERNIER FL	TAUERNIER FL 33070

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 607.0601 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)(k), 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: 	GARY A. BROWN 10/02/03 305-522-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

201018