PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -7 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059702

1. Corporation Name
BROWN Funding Corp

REINSTATEMENT 01-03

700023608927
10/07/03--01009--031 **1050.00

2. Principal Office Address	3. Mailing Office Address
89301 old Highway	89301 old Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAVERNIER	City & State: TAVERNIER
Zip: 33070 County: FL.	Zip: 33070 County: FL.

4. Date Incorporated or Qualified To Do Business in Florida: July 1st 1997

5. FEI Number: 650771491 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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: TAVERNIER FL.
City: TAVERNIER 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: [signature] Date: 10/02/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	GARY BROWN	89301 old Highway TAVERNIER FL	TAVERNIER 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 607.0401 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] GARY A. BROWN 10/02/03 305-522-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 10/8