

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000066628**

1. Corporation Name

BROOKS ELECTRIC, INC.

Principal Place of Business

Mailing Address

3545 FALLING BROOK COURT
 PACE FL 32571

3545 FALLING BROOK COURT
 PACE FL 32571

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

08/01/1997

5. FEI Number

59-3460121

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BROOKS, KENNETH L	3545 FALLING BROOK COURT	PACE FL 32571
D	BROOKS, BENJAMIN L	3545 FALLING BROOK COURT	PACE FL 32571

700024091787
 10/24/03--01067--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOTT, DONN G CPA
 801 W GARDEN STREET
 PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Donn G Scott

Date

10/16/03

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:

Benjamin L Brooks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 BENJAMIN L BROOKS

Date

10/21/03

Daytime Phone #

CR2E040 (7/03)

October 17, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We are writing to inform you that we did not receive the UBR notice informing us that our corporation would be dissolved on or after September 10th, if the report was not filed. Enclosed is a completed application for reinstatement and our check for \$150.00.

We would appreciate your kind consideration in reinstating our corporation to active status.

Sincerely,

Benjamin L. Brooks
President