

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 21 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000077982**

1. Corporation Name

Brown Products, Inc.

2. Principal Office Address

1050 S. McDuff Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1050 S. McDuff Ave

Suite, Apt. #, etc.

City & State

Jacksonville, Fla

City & State

Jax Fla

Zip

32205

Country

U.S.

Zip

32205

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3478533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William L. Brown

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

5447 Contina Ave

Suite, Apt. #, Etc.

City

Jacksonville, Fla

State

FL

Zip Code

32277

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**

William L. Brown

Date

8/15/00

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
V.P.	Kim Brown	5447 Contina Ave	Jax FL 32277

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:

William L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00

Date

904 387 0320

Daytime Phone #

CR2E081 (9/99)

