

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000107960

1. Corporation Name

BROWNING & COMPANY, INC.

Principal Place of Business

Mailing Address

9250 S.W. 27TH AVENUE  
OCALA FL 34476

9250 S.W. 27TH AVENUE  
OCALA FL 34476

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

FILED  
04 MAR 16 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

B-84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1997

City & State

City & State

5. FEI Number

59-3485587

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
P	BROWNING, JOHN B	9250 SW 27TH AVENUE	OCALA FL 34476
			400029451664 02/26/04--01020--016 **150.00
			400029451664 03/16/04--01074--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWNING, JOHN B  
9250 S.W. 27TH AVENUE  
OCALA FL 34476

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

REGISTERED AGENT MUST SIGN

Date

02-23-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-23-04 352-237-6349

CFR2040 (7/03)



PS 272

02/23/04

To: Dept of State

Dear Sirs,

All prior UBR notices were not received and I just found this Notice. And responded.

If you have any questions, please let me know.

Thanks,

A handwritten signature in black ink, appearing to read "John B. Browning".

John B. Browning

9250 S.W. 27<sup>th</sup> Avenue, Ocala, FL 34476 • (352) 237-6349 • Fax (352)-690-7319