

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR -3 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001573

1. Corporation Name

T. BROWN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~741 THIRD STREET~~
~~#2~~
~~NAPLES FL 34102~~

~~741 THIRD STREET~~
~~#2~~
~~NAPLES FL 34102~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~238 8th Ave South~~

Suite, Apt. #, etc.

City & State

~~NAPLES, FL~~

Zip ~~34102~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable -

~~238 8th Ave South~~

Suite, Apt. #, etc.

City & State

~~Naples, FL~~

Zip

~~34102~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1998

5. FEI Number

~~52-2077418~~

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BROWN, TIMOTHY C	741 THIRD ST SOUTH #2 238 8th Ave South	NAPLES FL 34102 Naples, FL 34102
D	BROWN, CATHERINE R	P.O. BOX 70048	BALTIMORE MD 21237
D	FERRO, MICHAEL	P.O. BOX 70048	BALTIMORE MD 21237
			488003171704- -03/15/00--01102--020 ****750.00 ****750.00
			9000003171709--4 -03/15/00--01102--021 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

BROWN, TIMOTHY C
741 THIRD STREET
#2
NAPLES FL 34102

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/20/99

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

12/20/99

Daytime Phone #

CR2E040 (3-99)