

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000006947

1. Entity Name  
BROWN'S FRAMING AND DRYWALL, INC.



FILED  
06 MAR 14 11:53

SECRET  
T-11

Principal Place of Business  
4113 INGLEWOOD DRIVE  
MIDDLEBURG, FL 32068

Mailing Address  
4113 INGLEWOOD DRIVE  
MIDDLEBURG, FL 32068

2. Principal Place of Business

3. Mailing Address

P.O. Box 812

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03012006 REIN-P CR2E098 (11/05)

City & State

Middleburg FL

4. FEI Number  
59-3488729

Applied For  
Not Applicable

Zip

Country

Zip

32050

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, DENNIS E  
2320 THE WOODS DR. WEST  
JACKSONVILLE, FL 32246

Name  
Irie P. Brown  
Street Address (P.O. Box Number is Not Acceptable)  
4113 Inglewood  
City  
Middleburg FL Zip Code  
32068

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BROWN, IRIE  
4113 INGLEWOOD DRIVE  
MIDDLEBURG, FL 32068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200069062652  
03/30/06--01058--021 \*\*\*335.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-06