

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 13 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093366

1. Corporation Name

BRASS EXPRESS WORKS, INC.

727 584-5668

Principal Place of Business

Mailing Address

600 BROADWAY  
DUNEDIN FL 34608

600 BROADWAY  
DUNEDIN FL 34608

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

County

Zip

County

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1998

5. FEI Number

59-35-50791

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	GRABIANOWSKI, DONALD J	1690 CLEARWATER CANYON 1690 CLEARWATER FL 33758	DUNEDIN FL 34608 CLEARWATER FL 33758
		1690 1690	
			100003078231--1 -12/22/99--01075--005 ***158.75 ***158.75
			100003078231--1 -12/22/99--01075--006 ***600.00 ***600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRABIANOWSKI, DONALD J

600 BROADWAY

DUNEDIN FL 34608

1690 CLEARWATER CANYON  
1690 CLEARWATER FL  
33758

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

Donald J. Grabianowski

REGISTERED AGENT MUST SIGN

Date

10/28/99

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:

Donald J. Grabianowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/99

Daytime Phone #

727 584-5668

KE