

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

01 DEC 31 PM 12:39

DOCUMENT # **P98000098647**

2001  
UBA

1. Corporation Name

**STUART BROWN, INC.**

Principal Place of Business

7560 BILTMORE DR  
SARASOTA FL 34231

Mailing Address

P.O. BOX 20882  
SARASOTA FL 34276



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0876392

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	BROWN, STUART R	P.O. BOX 20882 N/A	SARASOTA FL 34276
D	BROWN, STUART R	7560 BILTMORE DR	SARASOTA FL 34231
			200004765622--6
			-01/10/02--01034--001
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, STUART R  
7560 BILTMORE DR.  
SARASOTA FL 34231

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

*Stuart R Brown*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12-17-01

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:

*Stuart R Brown*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-17-01

CR2E040 (8/01)

December 17, 2001

Florida Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Stuart Brown, Inc.  
P98000098647

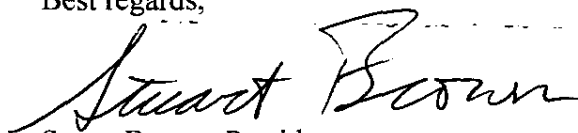
Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. We never received the renewal notice for tax year 2000.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,



Stuart Brown, President  
P.O. Box 20882  
Sarasota, FL 34276  
(941) 377-4877

Enclosure