

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000098647

1. Corporation Name

STUART BROWN, INC.

Principal Place of Business

8460 Eagle Preserve Way

~~7500 BILTMORE DR~~

SARASOTA FL 34231

Mailing Address

P.O. BOX 20882

SARASOTA FL 34276

34241

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

2. New Principal Office Address, If Applicable

8460 Eagle Preserve Way

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

34241

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1998

5. FEI Number

65-0876392

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) 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	7500 BILTMORE DR 8460 Eagle Preserve Way	SARASOTA FL 34231 34241

8. Name and Address of Current Registered Agent

BROWN, STUART R

~~7500 BILTMORE DR~~

SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name

Stuart R. Brown

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

8460 Eagle Preserve Way

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34241

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

Stuart R. Brown

REGISTERED AGENT MUST SIGN

Date 10-9-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

Daytime Phone #

941-780-5674

CR2E040 (7/03)

**STUART BROWN
HOME IMPROVEMENTS**

P.O. Box 20882
SARASOTA, FL 34276-3882
(941)921-5673
FAX: (941)921-5675
CELL: (941)780-5674

To: *FL Dept. of State*

Date:

10-09-03

Pages:

1

Fax #:

From: Stuart Brown

Subject:

Message:

WE NEVER RECEIVED OUR ANNUAL REPORT FORM.

THE SAME THING HAPPENED LAST YEAR.

THANK YOU FOR YOUR HELP.

REGARDS,

Stuart R. Brown

STUART R. BROWN
PRESIDENT