

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 DEC 27 PM 4:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000102141**

1. Corporation Name

D. W. BROWNE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~1101 E. COLONIAL DR.
 ORLANDO FL 32826~~

~~11841 E. COLONIAL DR.
 ORLANDO FL 32826~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

13001 Founders Square Dr

Orlando, FL

32828

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 780609

Orlando FL

32878

USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida

12/04/1998

5. FEI Number

59-3549945

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	BROWNE, DANIEL W	11841 E. COLONIAL DR.	ORLANDO FL 32826
T	BROWNE, CECELIA W	11841 E COLONIAL DR	ORLANDO FL 32826

600004880306--2
 -02/05/02--01042--024
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

BROWNE, DANIEL W
11841 E. COLONIAL DR.
ORLANDO FL 32826

9. Name and Address of New Registered Agent

Name Daniel W Browne
 Street Address (P.O. Box Number is Not Acceptable) 13001 Founders Square Dr
 Suite, Apt. #, Etc. _____
 City Orlando State FL Zip Code 32828

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date

11/25/01

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/01

Daytime Phone #

CR2E040 (8/01)