PLEASE READ ALL INSTRUCTIONS BEFORE C							NG THIS FORM		
APPLICATION FLORIDA DEPARTMENT OF Katherine Harris							AND	DO) (COL	
FOR Secretary of State							FILED		
REINSTATEMENT LIFE/ISION OF CORPORATIONS						00 OCT 26 PM 3:35			
DOCUMENT # P99000051517 1. Corporation Name							SECRETARY OF STATE		
BRENT BROWN, INC.							t t		
Principal Place of Business Mailing Address						1			
13925 42ND ROAD N			13925 42ND ROAD N						
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411							IJ (DIZI) POZIL BOZIL BOZIL BOZIL BOZIL BOZIC	501 01191 1151) 1001 1081	
If above ad	Idresses are	incorrect in any way, line thro	gh incorrect inf	formation and enter o	correction below.				
		Address, If Applicable	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 06/08/1999			
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. FEI Number		Applied For	
City & State			City & State		(6. Not Applicable			
Zip		Country	Zip	Country		_	OF STATUS DESIRED	 	
7. Names a	nd Street Ad	dresses of Each Officer and/o	r Director (Flor		tions must list at lea		 		
Title(s)				icer and/or Director			Zip		
D	BROWN, BRENT 13925 42ND R				IAD N	ROYAL PALM BEACH FL 33411			
								,	
			يانو∸ بر	ر م ان سون و در در					
						5000034635552 -11/15/0001009011			
							****150.00	****150.00	
						:	MM		
	8 Nam	e and Address of Current R	egistered Age	nt		9. Name and A	ddress of New Registered Age	nt	
Name Name									
BROWN, BRENT 13925 42ND ROAD N					Street Address (P.O. Box Number is Not Acceptable)				
ROYAL PALM BEACH FL 33411					Suite, Apt. #, Etc.				
\					City		State 2	.ip 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.									
Registered Agent Date Date									
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling								561-	
								03-7351 ne Phone # 010	
							57e1	- 722 - 579	

Brent Brown, Inc. 13925 42nd Road N Royal Palm Beach FL 33411

561-753-7351



October 18, 2000

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Document # P99000051517

To Whom It May Concern:

We are in receipt of the 2000 Uniform Business Report. This is the first report we have received. We ask that you accept our check for \$150.00 to cover the 2000 filing fees. We do not understand why we did not receive any notices regarding this form.

Thank your for your consideration in this matter.

Sincerely Yours,

Brent Brown, Inc.
