

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 NOV 19 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000074448**

**1. Corporation Name**

D/T BRUSHWORKS, INC

400 A N FLAGLER DR

400 A N FLAGLER DR

**2. Principal Office Address**

400 A N FLAGLER DR

Suite, Apt. #, etc.

**3. Mailing Office Address**

400 A N FLAGLER DR

Suite, Apt. #, etc.

**City & State**

WEST PALM BEACH

**City & State**

WEST PALM BEACH

**Zip**

33401

**Country**

USA

**Zip**

33401

**Country**

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 8/16/99

**5. FEI Number**

65-0943206

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

RONALD SMITH

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

400 A N FLAGLER DR

Suite, Apt. #, Etc.

**City**

WEST PALM BEACH,

**State**

FL

**Zip Code**

33401

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/16/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES   | RONALD SMITH                         | 400 A N FLAGLER DR                                | WPB, FL 33401      |
| VP     | MARTHA SMITH                         | 400 A N FLAGLER DR                                | WPB, FL 33401      |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT

600043245256  
12/07/04--01072--016 \*\*300.00

**10. 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

11/16/04

Daytime Phone #

CR2E081 (01/04)

D/T BRUSHWORKS, INC.  
400 A N FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

November 16, 2004

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

Dear Sirs:

I am writing to you to request an abatement of fee for my late filing of my annual report.

I did not receive the original notice to file in 2003, and was unaware that I had to pay this amount. Also, I had changed my mailing address in this time period temporarily and if I did not receive a bill I assumed that it was taken care of.

If you require any additional information, please feel free to contact me.

Sincerely,

Ronald Smith