

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 24 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **526871**

1. Corporation Name

BROWN/MEISENHEIMER INC.

900023304229
09/24/03--01049--004 **750.00

2. Principal Office Address

8961 COLLEGE PKWY

Suite, Apt. #, etc.

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

FT MYERS, FLORIDA

City & State

Zip

33919

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

65 0239822
65 0239822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT **03**

7. Name and Address of Current Registered Agent

Name

ROBERT C. MEISENHEIMER

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

11698 POINTE CIR

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33908

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

REGISTERED AGENT MUST SIGN

Date

9/23/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERT C. MEISENHEIMER	11698 POINTE CIR	FT MYERS, FL 33908
S	LINDA L. BROWN	11698 POINTE CIR	FT MYERS, FL 33908

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

Date

239 481-9883

Daytime Phone #

CR2ED01 (10/02)