

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC -8 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27399

1. Corporation Name

BROWER & COMPANY REALTY, INC.

Principal Place of Business

317 RIVEREDGE BLVD
SUITE 208
COCOA FL 32922
US

Mailing Address

317 RIVEREDGE BLVD
SUITE 208
COCOA FL 32922
US

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

2. New Principal Office Address, If Applicable

25 STONE ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

25 STONE ST.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1991

5. FEI Number

59-3048622

Applied For

Not Applicable

City & State

COCOA FL

City & State

COCOA FL

Zip

32922

Country

US

Zip

32922

Country

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 |
|---------------|---|--|--|
| DPVT | BROWER, JOHN E | 317 RIVEREDGE BLVD 25 STONE ST. | COCOA FL |
| S | BROWER, JOHN E | 317 RIVEREDGE BLVD 25 STONE ST. | COCOA FL |
| | | | 700003524477 4 -01/05/01--01020--005 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

2000

[Signature]

8. Name and Address of Current Registered Agent

BROWER, JOHN E
317 RIVEREDGE BLVD
SUITE 208
COCOA FL 32922

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip 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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/2/00

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

12/2/00

Date

321-632-7771

Daytime Phone #

CR2040 (8/00)