

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 OCT -4 PM

SECRETARY C.  
TALLAHASSEE, FLORIDA

DOCUMENT #

V63672

1. Corporation Name

BROWN HOLDINGS, INC.

300004661483--7  
-10/31/01--01069--014  
\*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address

287 Timberline Dr

Suite, Apt. #, etc.

City & State

Crestview FL

Zip

32539

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Crestview FL

Zip

32539

Country

USA

**REINSTATEMENT 2001**

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

59-3144382

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

D. H. BROWN

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

287 Timberline DR.

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

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

D. H. Brown

REGISTERED AGENT MUST SIGN

Date

10/3/01

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
Pres	D. H. BROWN	287 Timberline Dr Crestview, FL 32539	Crestview, FL 32539
V/P	"	"	"
S/T/D	"	"	"

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

D. H. Brown Pres.  
D. H. BROWN PRES.

Date

10/3/01 (850) 682-1983

Daytime Phone #

CR25081 (8/00)