

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 18 PM 3:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000080922

1. Corporation Name BROWN GROUP, INC.

Principal Place of Business Mailing Address 1507 LAKELAND HILLS BLVD. SUITE 101 LAKELAND FL 33805 US



09/21/01 90002 012 \$150.00

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

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business in Florida 09/20/1996 5. FEI Number 59-3400742 6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DEBRA BROWN at 1436 HAMMOCK SHADE DR.

700004062447--7 -11/01/01--01034--003 \*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARKER, HAROLD E DICESARE DAVIDSON & BARKER, PA 5640 S FLORIDA AVENUE LAKELAND FL 33813

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 JRE REQUIRED REGISTERED AGENT MUST SIGN

Date 10-10-01

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: DEBRA BROWN Date 10-10-01 Daytime Phone # 863-682-6608

CR2E040 (8/01)

10-10-01 2 of 2

Florida Department of STATE.

This STATEMENT is in REgards To  
 THE APPLICATION FOR REINSTATEMENT.  
 I NEVER RECEIVED THIS FIRST NOTICE  
 THAT WAS DUE IN May! I MAIL OFF  
 my check For \$150,00 IN what I  
 Thought was the CORRECT TIME FOR  
 The SEPTEMBER DEADLINE. WE HAVE  
 Had A TERRIBLE TIME RECIEVING  
 OUR MAIL SINCE WE MOVED A  
 YEAR AGO. OUR MAIL ROUTE IS  
 CONSIDERED AN AUXILIARY ROUTE.  
 so we NEVER HAVE THE SAME  
 MAIL CARRIER. They know our  
 BUSINESS AS DEBBIES FLOWERS  
 and GIFTS. NOT BROWN Group! Please  
 REINSTATE my CORPORATION PAPERS.  
 THANK YOU.  
 Debby Brown - 863-682-6608