PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800008682268
10/29/02--01154--011 **236.25

REINSTATEMENT 02

DOCUMENT # 708161

1. Corporation Name

HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BREVARD, INC.

Principal Place of Business	Mailing Address
1500 W. EAU GALLIE BLVD. MELBOURNE FL 32935	1500 W. EAU GALLIE BLVD. STE A MELBOURNE FL 32935 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/25/1964

5. FEI Number: 59-1448721 ☐ Applied For ☐ Not Applicable

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
CEO	KAISER, ~~FRANEK H~~ FRANCK H.	1500 W. EAU GALLIE BLVD., Ste A	MELBOURNE FL 32935
PD	~~ARMSTRONG, DAVID~~ Cochran, Robert	~~7350 TALONA AVE #A~~ PO Box 33307	~~MELBOURNE FL 32904~~ Indialantic, FL 32903
~~D~~ VD	~~ORAGG, ANITA~~ Gover, Keith	~~P O BOX 51-0845 N/A~~ 4011 Digital Light Dr, Ste 106	~~MELBOURNE BEACH FL 32951~~ Melbourne, FL 32935
TD	~~THARPE, JAMES~~ Reed, Rhonda	~~1804 W. HIBISCUS BLVD~~ 1900 S Harbor City Blvd, #109	MELBOURNE FL 32901
SD	~~COCHERAN, ROBERT JR.~~ Simms, Don	~~P O BOX 030220~~ 2825 Business Center, Ste C1	~~INDIALANTIC FL 32903~~ Melbourne, FL 32940

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KAISER ~~FRANEK H.~~ FRANCK H. 1500 W. EAU GALLIE BLVD. MELBOURNE FL 32935	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10-22-02
REGISTERED AGENT MUST SIGN

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 REQUIRED — Franck H. Kaiser, Jr. — 10-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #