

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 11 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/11/09--01024--006 **192.50

REINSTATEMENT 07-09

DOCUMENT # 725982

1. Corporation Name

Port Canaveral-Brevard County Spillage Cleanup
Committee, Inc.

2. Principal Office Address - No P.O. Box #

200 Pompano Street

Suite, Apt. #, etc.

City & State

Cape Canaveral, Florida

Zip

32920

Country

USA

3. Mailing Office Address

P.O. Box 25

Suite, Apt. #, etc.

City & State

Cape Canaveral, Florida

Zip

32920

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
23-7183178

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

Patrick Brady, C/O Canaveral Port Authority

Street Address (P.O. Box Number is Not Acceptable)
445 Challenger Road, P.O. Box 267

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Patrick Brady

Date May 4, 2009

REGISTERED AGENT MUST SIGN

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.	Patrick Brady	555 Highway 401	Cape Canaveral, FL 32920
VP	Steve Lynch	8952 N. Atlantic Avenue	Cape Canaveral, FL 32920
Treas.	Robert Musser, Jr.	445 Challenger Road, P.O. Box 267	Cape Canaveral, FL 32920
Sec.	Tracy Curry	445 Challenger Road, P.O. Box 267	Cape Canaveral, FL 32920
	<i>07/12</i>		

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 contained in Chapter 119, 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:

Robert Musser, Jr.

Robert Musser, Jr.

May 4, 2009

321-783-7831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #