

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10367**

1. Corporation Name

FRIENDS OF CHILDREN OF BREVARD COUNTY, INC.

Principal Place of Business

Mailing Address

MOORE JUSTICE CENTER
GAL OFFICE 2825 JUDGE
VIERA FL 32940
US

2910 AVON LANE
TITUSVILLE FL 32719
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

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida

07/23/1985

5. FEI Number

59-3175485

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CIANFROGNA, LOUIS V	815 S WASHINGTON ST	TITUSVILLE FL 32796
STD	BOELKE, JOHN	2910 AVON LANE	TITUSVILLE FL 32796
VD	ROBERTS, MARY	772 AVEON LANE APACHE CT	TITUSVILLE FL 32780
D	HARDING, ROBERT	1608 EDEN CT.	TITUSVILLE FL 32796
D	DIXON, YVONNE B	3260 BARBARA LANE	TITUSVILLE FL 32796

8. Name and Address of Current Registered Agent

BOELKE, JOHN W-
2910 AVON LANE
TITUSVILLE FL 32746

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 500003458005-5
City 11/09/00-01016-004
State Zip Code ****236.25
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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00 321-8673070

CR2E040 (8/00)