

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 28 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10367**

1. Corporation Name
**FRIENDS of children of Brevard
COUNTY, INC**

2. Principal Office Address - No P.O. Box #
**2825 Judge Fran Jameson
WAY**
Suite, Apt. #, etc.

3. Mailing Office Address
3495 Maebert Rd
Suite, Apt. #, etc.

City & State
Viera FL

City & State
MIMS FL

Zip
32940 Country
US

Zip
32754 Country
US

000130291860
05/28/08--01001--010 **428.75
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
593175485 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
John W. Boelke

Street Address (P.O. Box Number is Not Acceptable)
3495 Maebert Road

Suite, Apt. #, Etc.

City
MIMS

State
FL Zip Code
32754

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

John Boelke
REGISTERED AGENT MUST SIGN

Date

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
PD	Lou Cianfroga	815 S. Washington St	Titusville FL 32796
S	John Boelke	3495 Maebert Road	MIMS FL 32754
T	Robert Reuter	1468 Wellington Cir	Rockledge FL 32955

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Boelke

5-20-08

Date

321 / 427-1271

Daytime Phone #

RECEIVED MAY 28 2008