PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 12 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27948**

1. Corporation Name

THE BREVARD COUNTY BRIDAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BREVARD COUNTY BRIDAL ASSOCIATION P. O. BOX 2024 MELBOURNE FL 32902 US	BREVARD COUNTY BRIDAL ASSOCIATION P. O. BOX 2024 MELBOURNE FL 32902 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 96-9

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/1988

5. FEI Number: 36-1360795 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	FORSEGREN, DENISE	281 WICKHAM LAKES DR	MELBOURNE FL
V	SOMMER, ROWENA	1141 MAST COURT SE	PALM BAY FL
S	NELSON, MARY	2023 S MELBOURNE CT	MELBOURNE FL
T	BECKER, GEORGE	511-A N HARBOR CITY BLVD	MELBOURNE FL
D	JAMES, DAVID	PO BOX 2056 N/A	COCOA FL
D	HENDRY, THERESA	1323 W POINT DR	COCOA FL

400003115394--9
01/31/00--01013--005
****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BECKER, GEORGE 511-A N HARBOR CITY BLVD MELBOURNE FL 32935	Name: Mary Alyce Perry Street Address (P.O. Box Number is Not Acceptable): 1609 N. Wickham Rd Suite, Apt. #, Etc.: Designs by Nina City: Melbourne State: FL Zip Code: 32935

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 REQUIRED — Date: 9/30/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☒ (See other side for information on intangible tax.)

12. 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 — 9/30/99 — 407-259-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #