

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03623**

1. Corporation Name

Brevard Optometric Association, Inc

800168442948
03/22/10--01055--019 **61.25

800168442948
02/10/10--01032--004 **551.25

REINSTATEMENT 04-10

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

clo David Hendrix
Suite, Apt. #, etc. **290 250**

5700 N. Courtenay Pkwy

City & State

Merritt Island FL

Zip
32953

Country
USA

3. Mailing Office Address

clo David Hendrix
Suite, Apt. #, etc. **290 250**

5700 N. Courtenay Pkwy

City & State

Merritt Island FL

Zip
32953

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1984

5. FEI Number

65-0086592

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

David Hendrix

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

250 N. Courtenay Pkwy

Suite, Apt. #, Etc.

City

Merritt Island

State
FL

Zip Code
32953

☐ 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

Dan O'Brien

REGISTERED AGENT MUST SIGN

Date **1/21/10**

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/D	Dominic Pastore	1815 Live Oak Dr. N	Rockledge FL 32955
VPD	David Hendrix	5700 290 250 N. Courtenay Pkwy	MI FL 32953
SecD	Denise Burns	7905 N. Wickham	Melbourne FL 32940
		8/6/2	

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:

Dan O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2010

Date

321-453-5702

Daytime Phone #