

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

10

98 NOV -2 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #. Brevard Pipe Cleaning Inc

1. Corporation Name

#454305

Principal Place of Business

Mailing Address

245 N. Tropical Tr  
Merritt Island, FL 32953

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

4. Date Incorporated or Qualified To Do Business in Florida

6-6-74

Suite, Apt #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1537276

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
pres.	Joseph B Hamilton	1470 Angler St	M. I. FL 32952
			700002687327--6 -11/13/98--01074--012 ****150.00 ****150.00
			FL 11-6-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph B Hamilton  
1470 Angler St  
M I FL 32952

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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)(f), 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:

*Joseph B Hamilton* Joseph B Hamilton

10-29-98

407-452-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 2778

CR6040 (198)

BREVARD PIPE CLEANING, INC. DBA



245 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953  
SERVING ALL OF BREVARD COUNTY



452-2778  
727-3434  
269-3340

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Dear Sirs,

After speaking to one of your representatives by phone, he advised me in short to send in the original Corp fee of \$150<sup>00</sup> as I had not received my report form as of yet. I requested another one and please find the enclosed check. I'm aware there is a substantial fee involved and I'm hoping you will accept the original fee since for some reason my rental was never received by us. Thankyou,

Joseph Hamilton