PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

THE OUTBACK OF BREVARD, INC.

Principal Place of Business

Malling Address



97 DEC -3 PM 3:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

840 PARK AVENUE MERRITT ISLAND FL 32953 US	640 PARK AVENUE MERRITY ISLAND FL 32953 US			
	through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable	New Malling Office Address, If Applicable	Date Incorporated or Qualified		

II ADOVE	andlesses file	incorrect in any way, iin	a through incorrect	i information and ent	er correction below.	.			
2. New Principal Office Address, if Applicable		3. New Ma	New Malling Office Address, If Applicable			orated or Qualified			
						To Do Business In Florida 06/24/1980			
Sulte, Apt.	#, etc.		Suite, Apt.	#, etc.		5. FEI Numbe	r	·····	
City & Stat	9		City & State			3. 7 ET NOMBE	59-2016692	Applied F	
ony a cialo		l only a count	ony a onate			Not Applica			
Z ip		Country	Zip	Cou	ntry	6. CERTIFICATI	E OF STATUS DESIRED 🔲	\$8.75 Additional Fee re for a Certificate of St	equirec tatus
7. Names	and Street Add	dresses of Each Officer	and/or Director (F	lorida nonprofit corp	orations must list at	least 3 directors)			
Title(s)	2	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct Use Post Office Bo	ach	City	/ State / Zip	
PVD	NORWICH	, WALLACE J.		640 PARK AVI	ENUE	1 10 17-404	MERRITT ISLAND FL	1-1-1-1	
STD NORWICH, VICKI	, VICKI G.	CKI G.		640 PARK AVENUE		MERRITT ISLAND FL			
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	<u> </u>							12/3/9.	J.
8. Name and Address of Current Registered Agent				jent		9. Name and A	ddress of New Register	ed Agent	/
NORWICH, WALLACE JOHN * 640 PARK AVENUE				Namo Street Address	(P.O. Box Number	d Not Adoleplable	7012		
MERRITT ISLAND FL 32953		Suite, Apt. #, Etc.		1c	-12/03/9701068009 ****585,00 ****585,00				
					Outo, ript. 11, E	.10.	ాశాచాచాచుడును. టె	J PRRRODO.UN	, l
AND		4			City		fe	ate Zip Code	AF 15 F
10. I, being	appointed the	registered agent of the	allove hamed corp	oration, an familiar	with and accept the	obligations of Section	on 607.0505, F.S.		
Signature o	1	I I IA VII A.	W/W/1/1	l			1	100	

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes 🔯

No l

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receivor 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 logal effect as if made under oath

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR