

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 691673**

1. Entity Name  
**BRIANT G. MOYLES, D.P.M., P.A.**



FILED

08 NOV 12 PM 4: 41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**211 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

Mailing Address  
**211 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



10292008 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-2091713**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRESE, GARY B., ESQUIRE  
930 SOUTH HARBOR CITY BOULEVARD  
#505  
MELBOURNE, FL 32901**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DPT  
MOYLES, BRIANT G  
211 E NEW HAVEN AVE  
MELBOURNE, FL 32901**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DVS  
WILSON, RICHARD C.  
211 E NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

**200137835902  
11/12/08--01003--002 \*\*150.00**

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/29/08 321-723-3500**