

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707570

1. Corporation Name

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
BREVARD COUNTY, FLORIDA, INC.

2. Principal Office Address

2100 S. Park Avenue

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32780

Country

USA

3. Mailing Office Address

2100 S. Park Avenue

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32780

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/13/1964

5. FEI Number

59-6033511

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

Robin Fisher

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

2100 S. Park Avenue

Suite, Apt. #, Etc.

City

Titusville

State
FL

Zip Code

32780

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

REGISTERED AGENT MUST SIGN

Date 11-15-01

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
PD	Robin Fisher	1625 Garden Street	Titusville, Florida 32780
VD	Robert Jordan	1750 Lakeside Drive	Titusville, Florida 32780
STD	Alan Boggs	3836 Wethersfield Circle	Titusville, Florida 32780
D	Greg Eisenmenger	8226 N. Wickham Rd., Suite 202	Melbourne, Florida 32940

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robin Fisher, as President

11/15/01

Date

321-267-5504

Daytime Phone #