

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 SEP 29 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 735958

**1. Corporation Name**

BREVARD COBRAS MOTORCYCLE CLUB, INC.

**2. Principal Office Address**

1065 Revilla Lane

Suite, Apt. #, etc.

City & State

Rockledge FL

Zip

32922

Country

US

**3. Mailing Office Address**

1201 Counts St

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32922

Country

US

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

05/28/76

**5. FEI Number**

15-0003903

Applied For  
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

Bailey Johnny F.

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

1065 Revilla Lane

Suite, Apt. #, Etc.

City

Rockledge FL

State

FL

Zip Code

32922

**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

Johnny F. Bailey

REGISTERED AGENT MUST SIGN

Date

9/25/00

**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
VD	LINDSEY, W.C.	3616 BROPHY BLVD,	Cocoa, FL 32922
PD	BAILEY, JOHNNY F.	1065 Revilla Lane	Rockledge, FL 32922
S	WHIPPLE, Clarence	1201 Counts St	Cocoa, FL 32922
TD	HAMILTON, Arthur L	235 S. BURNETT RD	Cocoa, FL 32922

**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

Clarence Whipple Clarence Whipple 9/22/00 321-636-2211 x1553

Date

Daytime Phone #