

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 FEB 24 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738812

1. Corporation Name

MARINE INDUSTRIES ASSOCIATION
OF BREVARD, INC.

2. Principal Office Address

2200 W. King St

Suite, Apt. #, etc.

City & State

Cocoa

Zip

FL

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

32926

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/1977

5. FEI Number

59-2972764

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

Joanna L. Stone

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

2200 W. King St.

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

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

Joanna L. Stone
REGISTERED AGENT MUST SIGN

Date 2-11-03

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	MARK LESLIE	451 MARINA RD	TITUSVILLE, FL 32796
VD	DOUG TRAMMEL	6000 N. US1	Melbourne, FL 32935
SD/AD	JOANNA STONE	2200 W. KING ST	Cocoa, FL 32926

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

Joanna L. Stone

Date

2/11/03

Daytime Phone #

321-636-5111