

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 15 AM 8:48

DOCUMENT # 763468

1. Corporation Name

Brevard Association of School
Administrators, Inc.

REINSTATEMENT

03-07

000104437110
05/15/07--01062 000 \$481.25

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4215 Woodhall Cr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 560476

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32955

Country

USA

Zip

32956-0476

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/1982

5. FEI Number

59-2280178

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

Marjorie H. Ebersbach

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

4215 Woodhall Circle

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Marjorie H. Ebersbach

REGISTERED AGENT MUST SIGN

Date

June 13, 2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) for 07-08

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bersey Butler	1780 Milli Ave	Merritt Island, FL 32952
S	Neltra Marshall	860 Hunters Creek Dr.	West Melbourne, FL 32904
T	Pam O'Kell	2166 Canal Ridge Dr.	Titusville, FL 32780
D	Gary Shiffria	4770 Parkstone Dr.	Viera, FL 32955
D	Tim Cool	1064 Bali Rd.	Cocoa Beach, FL 32931
D	Barbara Sargent	107 W. Melbourne Ave	Melbourne, FL 32901

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 contained in Chapter 119, 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:

Gary Shiffria Gary Shiffria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/07

Date

321-454-1000

Daytime Phone #