

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H29458

FILED
Nov 25, 2009
Secretary of State

Entity Name: BROOKS ENTERPRISES OF BREVARD, INC.

Current Principal Place of Business:

7862 ELLIS ROAD
W. MELBOURNE, FL 32904

New Principal Place of Business:

440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

Current Mailing Address:

P.O BOX 410126
MELBOURNE, FL 32940

New Mailing Address:

440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

FEI Number: 59-2461551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN SLYKE, DANIEL, SR
812 HANDSOME CAB LANE
UNIT 203
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

NASH, CHARLES I
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901 US

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.

SIGNATURE: CHARLES IAN NASH

11/25/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: VAN SLYKE, DANIEL B
Address: 812 HANDSOME CAB LANE #203
City-St-Zip: MELBOURNE, FL 32940

Title: VTD (X) Delete
Name: LUTZ, DALLAS P
Address: 665 WATERWOOD WAY
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: VAN SLYKE, DANIEL B
Address: 440 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL B. VAN SLYKE

PTSD

11/25/2009

Electronic Signature of Signing Officer or Director

Date