

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H98124**

1 Corporation Name

THE CLOISTERS OF BREVARD, INC.

Principal Place of Business
**11680 POINT DRIVE
S. MERRITT ISLAND FL 32952**

Mailing Address
**11680 POINT DRIVE
S. MERRITT ISLAND FL 32952**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
96 DEC 30 AM 11: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *96*

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1986

5. FEI Number

59-2673303

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	MCFADDEN, WARREN A.	11680 POINT DR.	S. MERRITT ISLAND FL 32952
DVS	BRADLEY, FRANCIS M.	427 TIMBERLAKE DR.	MELBOURNE FL
DP	MCFADDEN, WARREN A.	11680 POINT DR.	S. MERRITT ISLAND FL 32952

800002045508--7
-01/03/97--01143--007
****375.00 ****375.00

12/22/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MCFADDEN, WARREN A
11680 POINT DR.
S. MERRITT ISLAND FL 32952**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Warren A. McFadden
REGISTERED AGENT MUST SIGN

Date

12/22/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Warren A. McFadden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/96 *407 773-3296*
Date Daytime Phone #