

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

REINSTATEMENT 1996

mwb
11-8-96

FILED
 96 NOV -7 AM 9:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J18871

1. Corporation Name

WAREHOUSING OF BREVARD, INC.

Principal Place of Business Mailing Address
 101 S. Courtenay Parkway
 P. O. Box 541366
 Merritt Island, Florida 32954-1366

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
 Suits, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Address, if Applicable
 Suits, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 6/11/86

5. FEJ Number
 59-2697252 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PDST	Leonard Spielvogel	101 So. Courtenay Pkwy.	Merritt Isl., Fla. 32952
DAS	Jean C. Spielvogel	101 So. Courtenay Pkwy.	Merritt Isl., Fla. 32952
VP	Sandra J. Bartling	101 So. Courtenay Pkwy.	Merritt Island, Fla. 32952

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 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Leonard Spielvogel
 101 So. Courtenay Parkway
 Merritt Island, Florida 32952

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date November 4, 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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:

[Handwritten Signature]

November 4, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #