

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 # K17150

1. Corporation Name

FIRST GUARANTEE MORTGAGE OF BREVARD, INC.

FILED

97 DEC 16 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

201 N RIVERSIDE DR.  
INDIALANTIC FL 32903

Mailing Address

194 FIFTH AVE.  
SUITE 207  
INDIALANTIC FL 32903  
US

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

2. New Principal Office Address, If Applicable

3600 N Harbor City Blvd  
Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32935

Country

USA

3. New Mailing Office Address, If Applicable

3600 N Harbor City Blvd  
Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32935

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/29/1988

5. FEI Number

59-2884128

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVS	SCOTT, EDWARD I.	201 N RIVERSIDE DR.	INDIALANTIC FL
T	SCOTT, EDWARD I.	201 N RIVERSIDE DR.	INDIALANTIC FL
PVS	Anthony D. Fekany	3600 N Harbor City Blvd	Melbourne, FL., 32935
T	Anthony D. Fekany	3600 N Harbor City Blvd	Melbourne, FL., 32935
			500002383805--0 -12/26/97--01097-033 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

SCOTT, EDWARD  
201 N RIVERSIDE DR.  
INDIALANTIC FL 32903

9. Name and Address of New Registered Agent

Name

Anthony D. Fekany

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

3600 N Harbor City Blvd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

*Anthony D. Fekany*

REGISTERED AGENT MUST SIGN

Date 12/12/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Anthony D. Fekany*

Anthony D. Fekany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/97

Date

407-757-7377

Daytime Phone #

CR25040 (8/97)