

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:35

DOCUMENT # M90804

1. Corporation Name

ANSWERPHONE OF BREVARD, INC.

Principal Place of Business

Mailing Address

524 S. HOPKINS AVE..
TITUSVILLE FL 32796

524 S. HOPKINS AVE..
TITUSVILLE FL 32796



REINSTATEMENT

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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

350 N. WASHINGTON AVE STE E

350 N. WASHINGTON AVE STE E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Titusville FL

Titusville FL

City & State

City & State

Zip
32796

Country
USA

Zip
32796

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1988

5. FEI Number

59-2902317

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 3	City / State / Zip 4
P	WARD, THELMA I	3618 ORLANDO AVE	MIMS FL 32754

000003455490--7
11/07/00-01091-004
****750.00 ****750.00

10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARD, THELMA I
3618 ORLANDO AVE
MIMS FL 32754

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 Thelma I. Ward
REGISTERED AGENT MUST SIGN

Date 10/17/2000

11. 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:

SIGNATURE REQUIRED
Thelma I. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00
Date

321-267-5530
Daytime Phone #