

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # N00000006112

1. Corporation Name

BREVARD COUNTY FRIENDS OF ABUSED CHILDREN, INC.

02 FEB -6 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3219 SOUTH ATLANTIC AVENUE  
UNIT 201  
COCOA BEACH FL 32931

3219 SOUTH ATLANTIC AVENUE  
UNIT 201  
COCOA BEACH FL 32931



900004926749--6

-02/14/02--01068--006

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOHNSON, MICHELLE Belinda Stanley	10 S. Harbour City Blvd. Melbourne, FL 32901	32901
VD	NO STRANDBY JON Brienne Jorgensen	602 Greenwood Manor Cr. W. Melbourne, FL 32909	32909
TD	JOHNSON, MICHELLE Janet Boulder	11650 Point Dr. Merritt Island, FL 32952	32952
SD	HARRIS, KATHERINE Linda Azwell, O.D.	700 Trotter Lane #203 Melbourne, FL 32940	32940
D	SHADLOCK, STEPHEN RENE D. GOMEZ	P.O. Box 1565, CAPE CANAVERAL 32920 FLORIDA	32920

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, MICHELLE

3219 SOUTH ATLANTIC AVENUE

UNIT 201

COCOA BEACH FL 32931

Name

WILLIAM C. POTTER

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

1499 SO. HARBOR CITY BLVD.

Suite, Apt. #, Etc.

SUITE 201

City

MELBOURNE

State

FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

11/08/01

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-01 321-453-0049

Holland & Knight LLP  
Requester's Name  
315 So. Calhoun Street  
Address  
425-5675  
City/State/Zip Phone #

RECEIVED  
02 FEB - 6 AM 11:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): NOO-6112

1. Brevard County Friends of Abused Children, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☒ Reinstatement
- ☐ Trademark
- ☐ Other

RECEIVED  
02 JAN 22 AM 11:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials