

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 14 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600138077266
11/19/08--01021--016 **253.75

DOCUMENT # N0000000006426
1. Corporation Name
Brevard County Foster Parent
Association, Inc.

REINSTATEMENT 05-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
3255 Brentwood Lane
Suite, Apt. #, etc.
City & State
Melbourne, FL
Zip
32934
Country
Brevard

3. Mailing Office Address
(Same)
3255 Brentwood Lane
Suite, Apt. #, etc.
City & State
Melbourne, FL
Zip
32934
Country
Brevard

4. Date Incorporated or Qualified
To Do Business in Florida 9-25-2000
5. FEI Number 59-3527676
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
Virginia Dzara
Street Address (P.O. Box Number is Not Acceptable)
3255 Brentwood Lane
Suite, Apt. #, Etc.
City
Melbourne (FL)
State
FL
Zip Code
32934

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent
Virginia Dzara
REGISTERED AGENT MUST SIGN

Date 11-14-08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Virginia Dzara	3255 Brentwood Lane	Melbourne, FL 32934
Vice Pres	Fran Robinson	1024 Jacaranda Cir	Rockledge, FL 32955
Secy	Debra Robinson	540 Tucker Lane	Cocoa, FL 32926
Treas	Jeannie Burnsworth	1335 Hill Ave	Melbourne, FL 32940

10. 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 contained in Chapter 119, 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:

Virginia Dzara Virginia Dzara 11-14-08 321 2538326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/14