

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N03623**

1. Corporation Name

**BREVARD OPTOMETRIC ASSOCIATION, INC.**

Principal Place of Business

~~C/O MITCHELL NASS~~  
~~300 S. COURTNEY PARKWAY~~  
~~MERRITT ISLAND FL 32952~~

Mailing Address

~~MR. CARL DOUGHTY~~  
~~1051 PT. MALABAR BLVD., NE~~  
~~PALM BAY FL 32909~~  
US

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

2. New Principal Office Address, If Applicable

c/o Michael Mandese  
Suite, Apt. #, etc.  
2202 S. Babcock St. #204

City & State  
Melbourne FL

Zip 32901 Country USA

3. New Mailing Office Address, If Applicable

c/o Michael Mandese  
Suite, Apt. #, etc.  
2202 S. Babcock St. #204

City & State  
Melbourne FL

Zip 32901 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/12/1984**

5. FEI Number

**65-0086592**

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
PD	Fisher, Mark	665 Apollo Blvd	Melbourne FL 32901
VDP	Boyle, Kenneth	2420 S. Babcock St.	MELBOURNE FL 32901
SD	Currington, Frank	1197 S. US1	Rockledge FL 32955
TD	MANDESE, Michael	2202 S. BABCOCK STREET	MELBOURNE FL 32901

8. Name and Address of Current Registered Agent

~~DOUGHTY, CARL D~~  
~~1051 PT. MALABAR BLVD., NE~~  
~~SUITE 14~~  
~~PALM BAY FL 32905~~

9. Name and Address of New Registered Agent

Name Mandese, Michael  
Street Address (P.O. Box Number is Not Acceptable)  
2202 S. Babcock St.  
Suite, Apt. #, Etc.  
Suite 204  
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

Michael N. Mandese

REGISTERED AGENT MUST SIGN

Date

**300004765449--7**  
**-01/10/02--01076--015**  
**\*\*\*\*236.25 \*\*\*\*236.25**  
**12/28/01**

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:

Michael N. Mandese / Michael N. Mandese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/01 321-722-4443

Daytime Phone #

CR2E040 (8/01)