

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

NO3623

Brevard Optometric Association, Inc.

500012871635

02/20/03 01055-003 **297.50

REINSTATEMENT 02-03

2. Principal Office Address

c/o Michael Mandese

3. Mailing Office Address

c/o Michael Mandese

Suite, Apt. #, etc.

2202 S. Babcock St. #204

Suite, Apt. #, etc.

2202 S. Babcock St. #204

City & State

Melbourne, FL

City & State

Melbourne FL

Zip

32901

Country

USA

Zip

32901

Country

USA
Brevard

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. Name and Address of Current Registered Agent

Name

Michael Mandese

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

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

Michael Mandese

Date

2/11/03

REGISTERED AGENT MUST SIGN

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
PD	Fisher, Mark	665 Apollo Blvd	Melbourne, FL 32901
VDP	Boyle, Kenneth	2426 S. Babcock St.	Melbourne, FL 32901
SD	Currington, Frank	1197 S. US 1	Rockledge, FL 32955
TD	Mandese, Michael	2202 S. Babcock St. #204	Melbourne, FL 32901

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 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 Mandese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/03

Daytime Phone #

321-722-4443

CR2E081 (10/02)

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