

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 24 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N. 040000'D006/58  
Brevard Surety Agents  
Association, Inc

**REINSTATEMENT** 05-08 KS

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

3535 N. US 1

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FL, 32926

City & State

Same

Zip

32926

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-21-2004

5. FEI Number

☒ 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

RANDY ANDREWS

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

3535 N. Hwy 1 US #1

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

☒ 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

*[Signature]*

V.P. Kimberly Palmer

Date

10/05/08

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
Pres.	Kimberly Palmer	1535 S. Washington Ave Titusville, FL	Titusville, FL 32780
Sec.	Brittanie Thomas	1535 S. Washington	Titusville, FL 32780
Treas.	Vicki Abchal	3535 N Hwy US #1	Cocoa, FL 32926
VP	Randy Andrews	865 N Cocoa Blvd	Cocoa, FL 32922

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:

*[Signature]* Kimberly Palmer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/08

Date

321-269-0833

Daytime Phone #