

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

Mar 11, 2002 8:00 am
Secretary of StateAPPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N36435

1. Corporation Name

CENTURY 21 BREVARD BROKERS COUNCIL, INC.

Principal Place of Business

971 E. EAU GALLIE BLVD
SUITE D
INDIAN HARBOR BEACH FL 32937
US

Mailing Address

971 E. EAU GALLIE BLVD
SUITE D
INDIAN HARBOR BEACH FL 32937
US

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

2. New Principal Office Address, If Applicable

1110 Highway A1A
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1110 Highway A1A
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1990

5. FEI Number

59-3011201

Applied For

Not Applicable

City & State

Satellite Beach, FL

City & State

Satellite Beach, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐\$875 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 | COLEMAN, PERRY J JR | 1090 N. A1A | INDIAN HARBOR BEACH FL 32907 |
| D | CLARK, H. L. III Delete | 225 5TH AVE STE 1 Delete | INDIAN HARBOR BEACH FL Delete |
| TD | LEWIS, L. GENE Delete | 971 E. EAU GALLIE BLVD., SUITE D Delete | INDIAN HARBOR BEACH FL 32937 Delete |
| D | La Kin, Ron | 4566 S. Hopkins St | Titusville, FL 32796 |
| TD | Hannon, James | 1110 Highway A1A | Satellite Beach, FL 32937 |

8. Name and Address of Current Registered Agent

CLARK, H. L. III
225 5TH AVE
STE 1
INDIAN HARBOR BEACH FL 32903

9. Name and Address of New Registered Agent

Name
Hannon, James
Street Address (P.O. Box Number is Not Acceptable)
1110 Highway A1A
Suite, Apt. #, Etc.

City

Satellite Beach

State

FL

Zip Code

32937

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.

600005139966--9

-03/22/02--01002--018

****297.50 ****297.50

Date 1-4-02

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

321-773-0338

Daytime Phone #

CP2E040 (8/01)