

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -2 PM 4:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N/40953*

1. Corporation Name

BREVARD HERITAGE Council, Inc.

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

801 DIXON BLVD.

Suite, Apt. #, etc.

SUITE 1119

City & State

Cocoa, Fl.

Zip

32922

Country

BREVARD

3. Mailing Office Address

P.O. Box 31

Suite, Apt. #, etc.

City & State

Cocoa, Fl.

Zip

32922

Country

BREVARD

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 19, 1995

5. FEI Number

593018298

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

MARY REPASS

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

4747 S. WASHINGTON AVE.

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32780

☒ 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.

900174679389

*04/06/10--01033--002 **183.75*

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

Mary Repass, Treas.

REGISTERED AGENT MUST SIGN

Date *March 29, 2010*

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
<i>PRESIDENT</i>	<i>MARY ANA BALCHASER</i>	<i>902 KINGS POST ROAD</i>	<i>ROCKLEDGE, FL 32955</i>
<i>TREAS.</i>	<i>MARY REPASS</i>	<i>4747 S. WASHINGTON AVE</i>	<i>TITUSVILLE, FL 32780</i>
<i>SEC.</i>	<i>JEANETTE SULLIVAN</i>	<i>1705 N. INDIAN RIVER DR.</i>	<i>Cocoa, FL 32922</i>
<i>MEMBERSHIP</i>	<i>RAONDA DINGMAN</i>	<i>209 SWEET ST.</i>	<i>ROCKLEDGE, FL 32955</i>

10. E-mail Address: *CAROL BARR @ AOL. COM.*

(To be used for future annual report notification)

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. I further certify, 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:

Mary Repass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/10

Date

Daytime Phone #

APR 2 2010

EXAMINER