

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 14 PM 12:01

DOCUMENT # N44836

1. Corporation Name

POST POLIO SUPPORT GROUP OF BREVARD, INC.

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

333 N. TROPICAL TRAIL

Suite, Apt. #, etc.

202

3. Mailing Office Address

3050 FOREST CREEK DR.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MELBOURNE, FL

Zip

32953

Country

USA

Zip

32901

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1991

5. FEI Number  
59-3076005

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN PESSARO

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

333 N. TROPICAL TRAIL

Suite, Apt. #, Etc.

202

City

MERRITT ISLAND

State

FL

Zip Code

32953

☒ 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

*Karen Pessaro*

Date 01/10/2009

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
P/D	KAREN PESSARO	333 N. TROPICAL TRAIL UNIT 202	MERRITT ISLAND, FL 32953
S/D	BARBARA DEERE	7041 RODES PLACE	WEST MELBOURNE, FL 32904
T/D	EDWARD FOULDS	3050 FOREST CREEK DR.	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 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:

*Edward Foulds*

EDWARD FOULDS

01/10/2009

321-722-1379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #