

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # N45132

99 NOV 15 PM 2:36

1. Corporation Name
THE FLORIDA EDUCATION AND RESEARCH FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
250 COMMUNITY COLLEGE PKWY. PALM BAY FL 32909 US	250 COMMUNITY COLLEGE PKWY. PALM BAY FL 32809 US



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt. #, etc.		09/13/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3104339	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D C	MCGREGAN, STEPHEN J Robert Stuhmiller	1800 Penn St - Suite 3	Melbourne, FL 32901
D	MARTINEZ, MIRIAM E. Miriam E. Martinez	1025 W. Napa Blvd., MS 300	Melbourne, FL 32919
D	BROOM, MEL Mel Broom	760 Monclair Rd, NE	Palm Bay, FL 32905
D	SIMON, HANK Hank Simon	1153 Malabar Rd., SE	Palm Bay, FL 32907
D	WILLIAMS, MIKE Mike Williams	2287 W. Eau Gallie Blv. Ste A	Melbourne, FL 32935
D	WATSON, MAREK MAREK WATSON	PALM BAY FL 32909	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MATHENY, JOE 355 INDIAN RIVER AVE TITUSVILLE FL 32780		Name Street Address / P.O. Box Number is Not Acceptable 400003070704--2 Suite, Apt. #, Etc. -12/15/99--01026--008 ***708.75 ***236.25 City State Zip Code FL	

REINSTATEMENT

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.

Signature of Registered Agent: _____ Date: _____
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: _____ Date: 11-3-99 (407) 676-2424 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR