

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 18 PM 1:14

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N46162

1. Corporation Name

PORT ST. JOHN / BREVARD  
COUNTY CHAPTER 4696 AARD

2. Principal Office Address

6027 CARDIFF AVE

3. Mailing Office Address

6027 CARDIFF AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

COCOA, FL

Zip

32927

Country

USA

Zip

32927

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1-1-2004

5. FEI Number

52-1707919

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

EDWARD J. BIGOS

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

6027 CARDIFF AVE

Suite, Apt. #, Etc.

City

COCOA

State  
FL

Zip Code

32927

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

Edward J. Bigos

Date 7-27-06

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	WALTER BUTLER	PO BOX 249	SHARPESS, FL 32959
V-D	EDWARD CORBIN	6184 CORNING RD	COCOA, FL 32927
T-D	EDWARD BIGOS	6027 CARDIFF AVE	COCOA, FL 32927
S-D	MARTHA MISSICK	1630 CRAIG AVE	TITUSVILLE, FL 32780

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 J. Bigos EDWARD J. BIGOS

Date

7-27-06

Daytime Phone #

324636-7234