

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

99 NOV 15 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48357**

1. Corporation Name

BREVARD TEACHING AND RESEARCH LABORATORIES, INC

Principal Place of Business

Mailing Address

1470 TREELAND BLVD SE
PALM BAY FL 32909
US

1470 TREELAND BLVD SE
PALM BAY FL 32909
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32922

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1992

5. FEI Number

59-3117858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DRX CD	HEINSTER, MICHAEL Nungesser, Gary	1470 TREELAND BLVD SE 2115 Palm Bay Road, Suite 2E	PALM BAY FL 32909 Palm Bay, FL 32905
D	KAWTON, ROBERT Jeffries, Ben	1119 OLEDAKE RD 201 E. New Haven Ave	COCOA BEACH FL 32922 Melbourne, FL 32901
D	RUBIN, BERT Laibl, James	250 COMMUNITY COLLEGE PKWAY Mail Stop 58-040, PO Box 833	PALM BAY FL 32909 Melbourne, FL 32902-0883
D	RYAN, JOHN Handley, James	622 POTOMAC CLEAR LAKE DR 10 Willow Green Dr.	COCOA BEACH FL 32931 Cocoa Beach, FL 32931
D	MERRELL, STEPHEN Conroy, Matt	1119 OLEDAKE RD 1282 Cimarron Circle	COCOA BEACH FL 32922 Palm Bay, FL 32905
SR D	SMITH, CHERYL Smith, Cheryl	1470 TREELAND BLVD SE 1766 Canova St., SE	PALM BAY FL 32909 Palm Bay, FL 32909

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATHENY, JOE D ESQ.
355 INDIAN RIVER AVENUE
TITUSVILLE FL 32796

REINSTATEMENT

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

500003070705--8

12/15/99-01026-008

***708.75 ***236.25

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

Date

Daytime Phone #