

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003506

1. Corporation Name

Critical Incident Stress Debriefers of Brevard, Inc.

2. Principal Office Address

1040 S. Florida Ave

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1987

5. FEI Number

59-2874812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey P. Money

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

1040 S. Florida Ave

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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**

Jeffrey P. Money
REGISTERED AGENT MUST SIGN

Date 13 October 2005

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	Angela Sigman	802 Topaz Dr.	Rockledge, FL 32955
V-D	Doug Dechenne	130 Malabar Rd SE	Palm Bay, FL 32907
S/T-D	Cheryl Hecky	7055 Bryant Rd	Cocoa, FL 32927

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 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:

Cheryl Hecky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

13 October 2005 321 633-4388

Date

Daytime Phone #

FILED

2005 OCT 25 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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