

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006253**

1. Corporation Name

BREVARD EXPO FAIR, INC.

Principal Place of Business

500 FRIDAY RD.
COCOA FL 32926

Mailing Address

500 FRIDAY RD.
COCOA FL 32926



400008829244

11706/02--01068--009 **245.00

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

11/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3535090

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
TP	MALONE, GILES	2315 SYKES CREEK DR.	MERRITT ISLAND FL 32953
TVP	STOTTLER, RICHARD H	1102 S. BREVARD AVE.	COCOA FL 32931
TST	DEEVERS, JUDY	8809 LIVE OAK CT.	CAPE CANAVERAL FL 32920

8. Name and Address of Current Registered Agent

MALONE, GILES A
500 FRIDAY RD.
COCOA FL 32926

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Giles Malone **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

Oct 20, 02

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:

Giles Malone **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 20, 02 321 639-3976
Daytime Phone # *X14*

CR2E040 (8/02)