

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000006253

FILED
Nov 14, 2008
Secretary of State

Entity Name: BREVARD EXPO FAIR, INC.

Current Principal Place of Business:

2555 N. COURTENAY PKWY.
UNIT 33
MERRITT ISLAND, FL 32953

New Principal Place of Business:

500 FRIDAY ROAD
COCOA, FL 32926

Current Mailing Address:

2555 N. COURTENAY PKWY.
UNIT 33
MERRITT ISLAND, FL 32953

New Mailing Address:

500 FRIDAY ROAD
COCOA, FL 32926

FEI Number: 59-3535090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MALONE, GILES A
2555 N. COURTENAY PKWY.
UNIT 33
MERRITT ISLAND, FL 32953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GILES MALONE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: MALONE, GILES A
Address: 2230 SYKES CREEK DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TVP () Delete
Name: STOTTLER, RICHARD H
Address: 1102 S. BREVARD AVE.
City-St-Zip: COCOA, FL 32931

Title: TST () Delete
Name: DEEVERS, JUDY
Address: 8809 LIVE OAK CT.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILES MALONE

TP

11/14/2008

Electronic Signature of Signing Officer or Director

Date