PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -9 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006253

1. Corporation Name
Brevard Expo Fair, Inc.

02-03

2. Principal Office Address	3. Mailing Office Address
500 Friday Road	500 Friday Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, Florida	City & State: Cocoa, Florida
Zip: 32926 Country: USA	Zip: 32926 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/02/1998

5. FEI Number: 59-3535090 ☐ 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: MALONE, GILES A.

Street Address (P.O. Box Number is Not Acceptable): 500 FRIDAY ROAD

500023662715
10/09/03--01024--006 **297.50

Suite, Apt. #, Etc.

City: COCOA State: FL Zip Code: 32926

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: Giles Malone
REGISTERED AGENT MUST SIGN

Date: October 7, 2003

CR2E061 (10/02)

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
TP	Malone, Giles	~~2235~~ 2230 Sykes Creek Drive	Merritt Island, FL 32953
TVP	Stottler, Richard H.	1102 S. Brevard Avenue	Cocoa Beach, FL 32931
TST	Deevers, Judy	8809 Live Oak Court	Cape Canaveral, FL 32920

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: Giles Malone 10-7-03 321-639-3976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # X14

gr 10/9