PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 14 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-02

DOCUMENT # N99000004069

1. Corporation Name
Capital Partners of Brevard, Inc.

2. Principal Office Address	3. Mailing Office Address
~~215 Baytree Dr.~~	~~215 Baytree Dr.~~
Suite, Apt. #, etc. ~~Suite 2~~	Suite, Apt. #, etc. ~~Suite 2~~
City & State Melbourne, FL	City & State Melbourne, FL
Zip ~~32940~~ Country USA	Zip ~~32940~~ Country USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number ☑ 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: Ned B Buffington
Street Address (P.O. Box Number is Not Acceptable): 215 Baytree Dr.
Suite, Apt. #, Etc.: Suite 2
City: Melbourne | State: FL | Zip Code: 32940

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 _____ Date 12-26-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Mr. D	John R Kancila	1686 W. Hibiscus Blvd	Melbourne FL 32901
Mr. D	Fred J. Orlando	180 Bry-Lynn Drive	West Melbourne FL 32904
Ms. D	Deborah A Bradley	215 Baytree Dr.	Melbourne FL 32940
Mr. D	Brady Puryear	100 Rialto Place Suite 100	Melbourne FL 32901
Mr. D	Ned B Buffington	215 Baytree Dr. Suite 2	Melbourne FL 32940

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: _____ Ned B Buffington 12-26-01 321-255-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/15