

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 MAY 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9900000 4/12**

1. Corporation Name

Brevard Friends of Shakespeare, Inc.

2. Principal Office Address

P.O. Box 2764

Suite, Apt. #, etc.

City & State

Melbourne

Zip

32902

Country

USA

3. Mailing Office Address

P.O. Box 2764

Suite, Apt. #, etc.

City & State

Melbourne

Zip

32902

Country

USA

REINSTATEMENT 01-02

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

7/7/99

5. FEI Number

59-3591847

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

Stanley Helm

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

700 WAVECREST AVE.

Suite, Apt. #, Etc.

304

City

Indian Lake

State

FL

Zip Code

32903

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

S. Helm

Date

5/1/02

REGISTERED AGENT MUST SIGN

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
D, P	Stanley Helm	700 WAVECREST AVE. #304	Indian Lake, FL 32903
D, S	Roberta Farinet	625 E. New Haven Ave.	Melbourne, FL 32901
D, T	Arlis NicPhardin	625 E. New Haven Ave.	Melbourne, FL 32901

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:

S. Helm **STANLEY HELM**

1/7/02

Date

Daytime Phone #

321 795-7263

CR2E081 (9/01)