## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9900006521

1. Corporation Name

H.E.A.R.T. OF BREVARD, INC.

Principal Place of Business

Zip

Mailing Address

341 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937

341 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937

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

Suite, Apt. #, etc.

City & State

City & State

Country Zip

Date Incorporated or Qualified
 To Do Business in Florida

11/01/1999

5. FEI Number

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

59-3678476

FILED

02 HOV -7 PH 3: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

	<del></del>		j	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s)	Name of Officers and/or Directors	Street A	Address of Each and/or Director	City / State / Zip
DCPM	KOENIG, HAROLD P	341 LANTERNBACK	ISLAND DRIVE	SATELLITE BEACH FL 32937
DTS	KOENIG, BARBARA A	341 LANTERNBACK	ISLAND DRIVE	SATELLITE BEACH FL 32937
	COTTRELL SR, RICHARD A	3001 CAVEL STREET		MELBOURNE FL 32904
<b>-</b>	BARNHART, DAVID R	891 RIDGE LAKE DRIVE		MELBOURNE FL-32940
D	JOHNSON, JIM	#124-401 HIGHWAY	AIA	SATELLITE BEACH FL 32937
D	TALBOT, CHUCK	336 TAFT AVENUE		COCOA BEACH FL 32931
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent	
			Itom riegistered Agent	

Name

City

Suite, Apt. #, Etc.

Country

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

KOENIG, HAROLD P

341 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937

REGISTERED AGENT MUST SIG

Date 31 States 200 I

State Zip Code

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 it made under oath.

SIGNATURE:

3/ Scholar 2012 321

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Advisory Board Father David Page Father Francis Smith Pastor Arlene Coulter Pastor Pete Harris June Culver Dr. Bill Kunzler Dr. Clint Wilkinson Cleave Frink

HELP EARLY ADDICES RECEIVE Satellite Beach, Fi. **J**2937 (321) 773-0290

Harold P. Koenly Founder/President/CEO

MHEN IT HAPPENS TO YOU, YOU WILL KNOW IT IS TRUE

Directors Harold P. Koenig Barbara A. Koenig 2 3 ye . . . Jim Johnson

Chuck Talbot

31 October 2002

STATE OF FLORIDA Department of State Division of Corporations Annual Report/Reinstatement Section P.O.-Box 6327 Tallahassee, Florida 32314-6327

Gentlemen:

Enclosed is our check # 1011 in the amount of \$61.25 covering . re-instatement and year 2002 Annual Report Fee.

We respectively ask you to waive the reinstatment fee of \$175.00 since we'did not receive either of the prior Uniform Business Report notices. We were shocked to receive your Notice of Disolution.

Please count on us, henceforth, to send you the annual fee in January of each year--whether or not we have received the official annual report form.

Thank you for your consideration.

HPK/1

Harold IP. Koenig

H.E.A.R.T. OF BREVARD INC. Director, Chairman. ∕President

and Manager 🔊