

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015362

1. Corporation Name

ALL BREVARD R.V. SERVICE, INC.

Principal Place of Business

2740 BUSINESS CENTER BLVD #23
MELBOURNE FL 32940

Mailing Address

2740 BUSINESS CENTER BLVD #23
MELBOURNE FL 32940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/2001

5. FEI Number

59-3709079

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PONSELL, CRYSTAL L	303 IBIS LANE	SATELLITE BEACH FL 32937
V	PONSELL, MARK S	303 IBIS LANE	SATELLITE BEACH FL 32937

100023765971

10/13/03--01097--022 **150.00

8. Name and Address of Current Registered Agent

PONSELL, CRYSTAL
303 IBIS LANE
SATELLITE BEACH FL 32937

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Crystal Ponsell
REGISTERED AGENT MUST SIGN

Date

10-10-03

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)(l), 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:

Crystal Ponsell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 321 751 9066

CR2E040 (7/03)



**2740 BUSINESS CENTER BLVD. #23
MELBOURNE, FL 32940
PHONE: 321/751-9066
FAX: 321/751-6114**

October 10, 2003

Re: All Brevard R.V. Service, Inc.
FEI # 59-3709079

To Whom it may concern:

On October 10, 2003 I received notification of dissolution. I have not to date received my Annual Report and would like to have my certification reinstated. I have enclosed the application for reinstatement along with a check for \$150.00

Should you have any questions please do not hesitate to contact me at the above number.

Sincerely,


Crystal Ponsell, President