

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000049186

1. Corporation Name

Brevard Framing, Inc.

2. Principal Office Address - No P.O. Box #

6370 Anchor Lane

Suite, Apt. #, etc.

City & State

Rockledge, Florida

Zip

32955

Country

USA

3. Mailing Office Address

Post Office Box 4100862

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32941

Country

USA

7. Name and Address of Current Registered Agent

Name

Troy R. Lotane

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

1980 Michigan Avenue

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

4. Date Incorporated or Qualified
To Do Business in Florida

March 30, 2006

5. FEI Number

74-3174516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

REINSTATEMENT
07-09

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

REGISTERED AGENT MUST SIGN

Date

2/11/09

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	Heather Rice	6370 Anchor Lane	Rockledge, Florida, 32955
P	Heather Rice	6370 Anchor Lane	Rockledge, Florida, 32955
VP	Heather Rice	6370 Anchor Lane	Rockledge, Florida, 32955
S	Heather Rice	6370 Anchor Lane	Rockledge, Florida, 32955
T	Heather Rice	6370 Anchor Lane	Rockledge, Florida, 32955

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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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.12.09 321 537
5910