

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

PROVED  
AND  
FILED

1997 DEC -8 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000007996**

1. Corporation Name  
**BREVARD, INC.**

Principal Place of Business  
**30 A HIGHWAY MISTRAL #20  
SANTA ROSA BEACH FL 32541**

Mailing Address  
**P.O. BOX 2100  
SANTA ROSA BCH FL 32459**



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		4. Date Incorporated or Qualified To Do Business in Florida <b>01/31/1995</b>	
Suite, Apt. #, etc. <b>73B CHIVAS LANE</b>		Suite, Apt. #, etc.		5. FEI Number <b>59-3301900</b>	
City & State <b>SEAGROVE, FL</b>		City & State		Applied For Not Applicable	
Zip <b>32459</b>		Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVTD	HALLBERG, NANCY B	P.O. BOX 2100 N/A	SANTA ROSA BEACH FL 32459

**300002371309--3  
-12/12/97--01117--006  
\*\*\*\*165.00 \*\*\*\*165.00**

*12/18/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANATION FL 33324**

Name **NANCY HALLBERG**  
Street Address (P.O. Box Number is Not Acceptable)  
**73B CHIVAS LANE**  
Suite, Apt. #, Etc.  
City **SEAGROVE** State **FL** Zip Code **32459**

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.

Signature of Registered Agent *[Signature]*  
REGISTERED AGENT MUST SIGN

Date **12-4-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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:

*[Signature]* **NANCY HALLBERG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12-4-97 904 2311408**

CR2040 (8/97)

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Brevard Inc.  
P.O. Box 2100  
Santa Rosa Beach, FL 32459  
904-231-1408

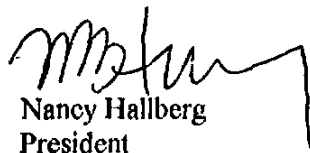
December 4, 1997

Florida Department of State  
To Whom it May Concern

Dear Administrator:

Enclosed please find an application to instate my corporation, Brevard Inc. I have also enclosed the fees of \$165.00. I spoke to a representative at your office, and due to the fact that I never received the yearly form to pay my fees, he said that the reinstatement fee would be waived. I have had trouble receiving mail, and I never received notice. I have made my accountant aware of this mail problem, and I will keep on top of it for next year. Thank you for your understanding and assistance with this problem.

Cordially,

  
Nancy Hallberg  
President