

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 PM 1:21

DOCUMENT # P950000042450

1. Corporation Name
BROOKHAVEN MAINTENANCE
SCOTT CONTRACT CORPORATION

REINSTATEMENT 96-04

2. Principal Office Address

42 OLDEN DR

Suite, Apt. #, etc.

City & State

W MELBOURNE

Zip

32904

Country

BREVARD

3. Mailing Office Address

3670 Buddy Dr

Suite, Apt. #, etc.

City & State

W MELBOURNE

Zip

32904

Country

BREVARD

400041254524

09/22/04--01017--005 **1415.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-95

5. FEI Number

59-3317363

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

STEVEN DIAZ

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

2235 #202 MERION DR

Suite, Apt. #, Etc.

#202

City

MELBOURNE FL

State

FL

Zip Code

32935

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

Steven Diaz

Date 7-16-04

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
President	<u>STEVEN DIAZ</u>	<u>2235 #202 MERION DR</u>	<u>MELBOURNE FL 32935</u>
<u>VP</u>	<u>KYM DIAZ</u>	<u>3670 Buddy DR</u>	<u>W MELBOURNE FL 32935</u>
<u>T</u>	<u>JESSICA LAPANTE</u>	<u>2235 #202 MERION DR</u>	<u>MELBOURNE FL 32935</u>
<u>S</u>	<u>JESSICA LAPANTE</u>	<u>2235 #202 MERION DR</u>	<u>MELBOURNE FL 32935</u>

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:

Steven Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-04

Date

321-652-2848

Daytime Phone #

CR20081 (8/01)



**OUR GOAL IS
SIMPLE....TO HELP YOU REACH YOURS**

BROOKHAVEN MAINTENANCE SOUTH CONTRACT CORPORATION

2235 MERION DRIVE # 202 MELBOURNE FLORIDA 32935

321-631-2318 – 321-652-2848 Mobile

Date: Thursday, September 16, 2004

Attn.: Euia Peterson

From: Steven Diaz

Re: Waiver of reinstatement fee

To Whom It may concern,

The purpose for this letter is to inform you that I have not received any letter making mention of a dissolution of corporation of any kind in 96 or and the annual report was never received. It is our understanding that the check amount sent should cover all other expenses except the reinstatement fee. Please wave the reinstatement fee for Brookhaven Maintenance South Contract Corporation Tax ID# 59-3317363. If you have any further question please feel free to contact me at 321-652-2848.

Thank you for your time and consideration

A handwritten signature in cursive script, appearing to read "Steven Diaz".

Steven Diaz
President, BMSCC