

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000042450**

1. Corporation Name

BROOKHAVEN MAINTENANCE SOUTH CONTRACT CORPORATION

2. Principal Office Address

3270 SUNTREE BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

SAME

City & State

MELBOURNE. FL

City & State

SAME

Zip

32940

Country

U.S.A.

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

1996

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)

1220 AMBRA DR

Suite, Apt. #, Etc.

City

VIERA

State

FL

Zip Code

32940

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

Steve Diaz

Date **1-13-05**

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
P	STEVEN DIAZ	1220 AMBRA DR	VIERA, FL 32940
VP	KYM DIAZ	1220 AMBRA DR	VIERA, FL 32940
TS	JESSICA LAPLANTE	1220 AMBRA DR	VIERA, FL 32940

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:

Steve Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05

Date

321-652-2848

Daytime Phone #

CR2E081 (01/05)

PS 282



BROOKHAVEN MAINTENANCE

3270 Suntree Blvd.
Melbourne, Florida 32940
Telephone: (321) 255-7976
Fax: (321) 255-0993

January 13, 2004

Department of State
Division of Corporations
Reinstatement Division
400 East Gaines St.
Tallahassee, FL 32399

Attn: Ms. Tina Roberts

Dear Ms. Roberts;

I, Steven Diaz, hereby confirm that no annual reports were received for the years 1996 to present. Enclosed please find the Corporation Reinstatement form along with the reinstatement fee of \$1,565.00 plus an additional \$8.75 for Certificate of Status for a total amount of \$1,573.75.

Sincerely,

Steven Diaz
President
Brookhaven Maintenance