

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

01 JAN 23 PM 3:11

DOCUMENT # P95000055797(1)

1. Corporation Name
The Brickyard, Inc.

W01-132

2. Principal Office Address
607 Florida Avenue

3. Mailing Office Address
607 Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cocoa, Florida

City & State
Cocoa, Florida

Zip
32922

Country
USA

Zip
32922

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **07-19-1995**

5. FEI Number
59-3340042

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
Scott Wright, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2285 W. Eau Gallie Blvd.

Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32935

06-10-99 90018 012 \$200.00

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-01/26/01--01004--001

*****850.00 *****850.00

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 **1/11/01**

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	Herman Bach	27 Indian Village Trail	Cocoa Beach, FL 32931
O	Tom Mills	290 Pompano Drive	Melbourne, Beach, FL 32951
			3:00003575323--2 -01/26/01--01004--002 *****8.75 *****8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-2001

Date

321-783-4176

Daytime Phone #