

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000000775

1. Corporation Name

J.I.C. OF BREVARD, INCORPORATED

Principal Place of Business

5275 BABCOCK ST NE  
PALM BAY FL 32905

Mailing Address

5275 BABCOCK ST NE  
PALM BAY FL 32905

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/03/1997

5. FEI Number

59-3426628

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CAPUTO, JOANNE I	5275 BABCOCK ST NE	PALM BAY FL 32905

300002706663-5  
-12/08/98-01084-005  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

LAGANO, ALBERT S  
21 W NEW HAVEN AVE  
SUITE E  
MELBOURNE FL 32902-0897

9. Name and Address of New Registered Agent

Name ALBERT S. LAGANO  
Street Address (P.O. Box Number is Not Acceptable)  
1803 Airport Blvd  
Suite, Apt. #, Etc.

City Melbourne

State FL

Zip Code 32901

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-1-98

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1-98

984-9836

FILED

98 DEC -4 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2040 (9/98)

(2)



5275 Babcock St., NE • Palm Bay, FL 32905

(407) 722-9830

11/30/98

To whom it may concern.

I spoke to one of your reps and explained that this form was mailed last June

I'm enclosing our new check and information to re-instate the corporation

Thank you

Joanne I Caputo  
President

