

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 DEC -4 AM 9:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000000775

1. Corporation Name

J.I.C. OF BREVARD, INCORPORATED

Principal Place of Business

Mailing Address

5275 BABCOCK ST NE PALM BAY FL 32905

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3426628

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: 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

9. Name and Address of New Registered Agent

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

Name ALBERT S. Lagano Street Address (P.O. Box Number is Not Acceptable) 1903 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 [X] 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: JOANNE I CAPUTO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-98 984-9836 Date Daytime Phone #

CR2E040 (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 A Caputo
President

