

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800023546708
10/03/03--01069--009 **150.00

DOCUMENT # P97000044475

1. Corporation Name

Real Estate Direct Brevard, Inc

2. Principal Office Address

457 Montreal Avenue

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

Brevard

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

same

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3482107

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank D. Schrader Jr

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

457 Montreal Avenue

Suite, Apt. #, Etc.

City

Melbourne

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

[Signature]

Date

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
D	Frank D. - Schrader Jr	457 Montreal Avenue	Melbourne FL 32935

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-03

Date

321-254-0688

Daytime Phone #

2/10/07



September 22, 2003

Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32302

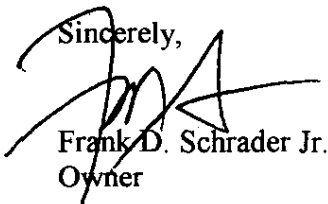
RE: 2003 Corporation Reinstatement

Dear Sirs,

I am really sorry to say this but I did not receive my 2003 uniform business report. I am now submitting my reinstatement and my fee.

Please let me know if I can be of any further help.

Sincerely,

A handwritten signature in black ink, appearing to be "FDS", is written over the typed name.

Frank D. Schrader Jr.
Owner