

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT

Jan Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -6 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015929

1. Corporation Name

BREVARD MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~300 BARLOW AVENUE~~
~~COCOA BEACH FL 32931~~

~~300 BARLOW AVENUE~~
~~COCOA BEACH FL 32931~~



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

2. New Principal Office Address, If Applicable

1600 N ATLANTIC AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1600 N ATLANTIC AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1998

5. FEI Number

59-3499016

Applied For

Not Applicable

City & State

City & State

Zip

32931

Country

Zip

32931

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	SHENKMAN, BRITT	300 BARLOW AVENUE <u>1600 N ATLANTIC AVENUE</u>	COCOA BEACH FL 32931 <u>32931</u>
VPT	SWANSON, MARLIN	300 BARLOW AVENUE <u>1600 N ATLANTIC AVENUE</u>	COCOA BEACH FL 32931 <u>32931</u>
			500003509815--6 -12/21/00--01/02/02 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

REINA, LEONARD P
500 FIFTH AVENUE SOUTH
SUITE 502
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11/1/2000

11. 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

10-27-00

Daytime Phone #

2062

October 30, 2000

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

Dear Sir:

I have enclosed the required reinstatement fee. Please be advised that the address has been changed to 1600 N. Atlantic Avenue, Cocoa Beach, FL 32931.

We did not receive the annual renewal and were unaware that it was due.

Should you require further information, please do not hesitate to contact me.

Sincerely,



Linda Ohlin
Administrator
Brevard Management, Inc.