

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 17 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024520

1. Corporation Name

Brevard Street Investors, Inc

200162887532
11/17/09--01033--001 **900.00

2. Principal Office Address - No P.O. Box #

3535 N. Meridian Rd

3. Mailing Office Address

3535 N. Meridian Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip 32312

Country

USA

Zip

32312

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3-17-99

5. FEI Number

59-3573647

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

George H. Harrison III

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

3535 N. Meridian Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date 11-17-09

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
<u>P</u>	<u>James A. Psel Jr.</u>	<u>5369 Applebore Dr.</u>	<u>Tallahassee, FL 32308</u>
<u>VP</u>	<u>George H. Harrison III</u>	<u>3535 N. Meridian Rd</u>	<u>Tallahassee, FL 32312</u>

10. E-mail Address:

george.harrison.broker@comcast.net

(To be used for future annual report notification)

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. I further certify, 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]

George H. Harrison III

Date

11-17-09

Daytime Phone #

NOV 17 2009

(850) 421-3535