2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000043770 FILED DETAILING 2000 OF BREVARD INC. 05 FEB 17 PM 1: 06 SECRETANZAL STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 226 S. COURTENAY PARKWAY 226 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102005 REIN-P CR2E098 (6/04) Applied For 4. FEI Number City & State City & State 59-3477281 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONTALVO, WILSON Street Address (P.O. Box Number is Not Acceptable) 226 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition D Defete TITLE THE MONTALVO, WILSON NAME NAME STREET ADDRESS STREET ADDRESS 226 S. COURTENAY PARKWAY CHY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP 500047414145 Delete TITLE Addition TITLE NAME NAME 02/28/05--01081--025 **900.00 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change Addition INTLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DRE IIIt£ NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI ZIP CITY - ST-ZIP Delete TITLE TITLE NAME MANA STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SE-ZIP Delete TIME Change ☐ Addition HITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 2-10-05 M SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytone Phone 6