PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ___FOR FÉEINSTATEMENT



FLORIDA DEPAR MENT OF STATE

Katherine Harris

Secretar / of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000057404**

1. Corporation Name

TAYLOR PROPERTIES OF BREVARD COUNTY, INC.

Principal Place of Business

Mailing Address

450 CARMEL ROAD
MELBOURNE EL 3294

P.O. BOX 410233

FILED

OI APR 23 AM 9: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MELBOURNE FL 32940	MELBOURNE FL 32941-023:										
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If above addresses are incorrect in any way, line the											
2. New Principal Office Address, If Applicable	3. New Mailir	ng Office Ad	d∋ss,lfA	pplicable		Date Incorp To Do Busin	orated or Qual ness in Florida		0.00 (40		
117 ST. CROIX AVE.	Suite Ant #	Suite, Apt. #, etc.			\dashv	To Do Business in Florida 06/23/1999				199	
Suitě, Apt. #, etc.	Suite, Apt. #, etc.					5. FEI Number	r			Applied For	
City & State	City & State	City & State				59-	3/013	3613136		Not Applicable	
COCOA BCH FL	-				- F	6.	<u>رت ۱.۷۷.</u>		<u>-i-</u>		
2ip 32931 Country USA	Zip		Dountry				E OF STATUS D	ESIRED 🔲 S8	75 Addit for a Cert	ional Fee require ificate of Status	
7. Names and Street Addresses of Each Officer and	d/or Director (Flor	rida nonprof	it :orporat	tions must list at I	leas	st 3 directors)					
Name of Officers Title(s) and/or Directors		3		Address of Each			City / State / Zip				
D TAYLOR, RONALD D			P.O. BOX 410233				MELBOURNE FL 32941 MELBOURNE FL 32941				
P TAYLOR, 144 V		P.O.	Gox	4,023	3		MELB	OURNE	FL	32941	
						11	-057	14275 /22/01- **900.00	01025	15 -015 *900.00	
	. D					9. Name and	Address of No	w Pagistared	Agent		
8. Name and Address of Curren	t Registered Age			Name		9. Name and	Muuress or Inc	an registered	Agent		
				ጣ	46	RK St	Arnuf	7			
BROWN, RONALD W			_	Street Address (P.O. Box Number is Not Acceptable)							
66 CUNA STREET, STE. A			- ,	49	\-	5 HF	PROOR	CITY	<u> </u>	VD	
ST. AUGUSTINE FL 32084				Suite, Apt. #, E	Etc.						
				0.7		·		Stat	e Zip C	ode	
	\wedge			MELB	W):	RNE		FI		୬ୖଵୣୣଌ	
10. I, being appointed the registered agent of the a	obve named corpo	oration, am f	a niliar wi	th and accept the	e ob	ligations of Sect	tion 607.0505,		<u> </u>	<u></u>	
Signature of Registered Agent	Yaykon	RE	 _ <u>•</u>	1ED			Date	.1 ~)- <u>01</u>		
	REGISTERED AG	ENT MUST	EIGN								
11. I certify that I am an officer or director or the rec	eiver or trustee en	npowered to	+ xecute	this application a	ıs pr	rovided for in ch	apter 607 or 6	17, F.S. I furthe	r certify t	hat 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 or this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI ER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same regal effect as if made under oath.

4-20-01

321-799-1574

Daytime Phone #