

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071028

1. Corporation Name

FURST IMPRESSIONS OF BREVARD, INC.

Principal Place of Business

847 BERKSHIRE DR.  
ROCKLEDGE FL 32955-3551

Mailing Address

847 BERKSHIRE DR.  
ROCKLEDGE FL 32955-3551

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1999

5. FEI Number

59-3590143

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FURST, TIMOTHY J	847 BERKSHIRE DR.	ROCKLEDGE FL 32955

8. Name and Address of Current Registered Agent

FURST, TIMOTHY J  
847 BERKSHIRE DR.  
ROCKLEDGE FL 32955-3551

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Timothy J. Furst*  
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

*Timothy J. Furst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1230

CR2040 (8/02)

Furst Impressions of Brevard Inc.  
847 Berkshire Drive  
Rockledge, Florida 32955

October 22, 2002

Florida Department of State  
Division of Corporation  
Annual Report/ Reinstatement Section

Gentlemen:

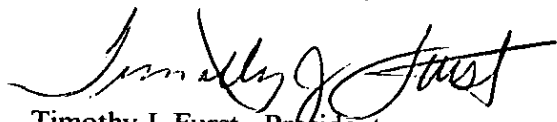
I am writing in response to the "NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION" I received Monday, October 21, 2002.

Until the mentioned noticed was received I was unaware my company/ corporation was in jeopardy of dissolution. As directed by the "Important Facts" page of this same form, I am stating that I did not received the two prior uniform business report notices. I am also unaware of having received any previous notifications from your department stating this peril.

I am therefore requesting the additional fees and/or fines be waived.

Attached please find my application for reinstatement and uniform business report filing fee of \$ 150.00.

Thank you in advance for your consideration in this matter.



Timothy J. Furst, President