

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB -9 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 545179

1. Corporation Name

MOORE AND ASSOCIATES OF BREVARD,  
INC.  
# 545179

2. Principal Office Address

940 W. WHITMIRE DR.

3. Mailing Office Address

Suite, Apt. #, etc. same

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

Zip

32935

Country

BREVARD

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

3-25-91

5. FEI Number

59-3068348

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

GARY MOORE

400003138094-8

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

940 W. WHITMIRE DR.

02/16/00 01096 017

\*\*\*\*908.75 \*\*\*\*908.75

Suite, Apt. #, Etc.

City

MELBOURNE

State FL

Zip Code

32935

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

Gary Moore  
REGISTERED AGENT MUST SIGN

Date 1-11-2000

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
VP	ELISA D. MOORE	940 W. Whitmire Dr.	Mel FL 32935
Pres	GARY C. MOORE	940 W. Whitmire Dr.	Mel FL 32935

10. 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:

Gary Moore GARY MOORE PRES.

Date

1-11-2000

Daytime Phone #

407-952-2237

CR2E081 (9/99)