

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S70502**

1. Corporation Name

FIRST BREVARD CORPORATION

Principal Place of Business

Mailing Address

~~272 E CAU GALLIE BLVD~~
~~INDIAN HARBOR BEACH FL 32907~~
US

PO BOX 360163
MELBOURNE FL 32935
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3600 N HARBOR CITY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE, FLORIDA 32935

Zip
32935

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1991

5. FEI Number

59-3220719

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
PSD	FEKANY, PATRICK	2074 ATLANTIC AVENUE 3600 N HARBOR CITY BLVD	LAKE WORTH FL 33015 MELBOURNE, FL 32935

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEKANY, PATRICK

~~2074 ATLANTIC AVENUE~~
~~LAKE WORTH FL 33015~~

Name

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

3600 N HARBOR CITY BLVD

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

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

SIGNATURE

Date **11-4-03**

REGISTERED AGENT MUST SIGN

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:

SIGNATURE

PATRICK FEKANY

11-4-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

F I R S T



BREVARD

Florida Department of State
Division of Corporations
Tallahassee, Florida

Ladies and Gentlemen:

Please be advised that First Brevard Corporation did not receive the two UBR-reports that were sent to our previous address. We notified the department in January of 2003 of our new address. We respectfully request that the penalty fees be waived for reinstatement.

Sincerely,

Patrick Fekany
President