

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 DEC 22 PM 3:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 769451**

1. Corporation Name  
**CANAVERAL BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 754 CAPE CANAVERAL FL 32920	Mailing Address P.O. BOX 754 CAPE CANAVERAL FL 32920
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida <b>07/19/1983</b>	
5. FEI Number <b>59-2818395</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KEIRNS, JAN	200 INTERNATIONAL DRIVE, UNIT 812	CAPE CANAVERAL FL 32920
VPD	STARCHER, RICHARD	200 INTERNATIONAL DRIVE, UNIT 602	CAPE CANAVERAL FL 32920
<del>SD</del> SD	<del>WICHLACZ, THOMAS J</del> Natal, Nancy	200 INTERNATIONAL DRIVE, UNIT 810	CAPE CANAVERAL FL 32920
TD	PALADINO, NICK	200 INTERNATIONAL DR., STE. 907	CAPE CANAVERAL FL 32920
D	<del>PITSTICK, DONALD E.</del> Wideman, Bud	<del>200 INTERNATIONAL DR., STE. 407</del> 1717 Nassau Rd.	CAPE CANAVERAL FL 32920 Cocoa Beach, FL 32931

*JD 12-23-97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KAMMERUDE, MARY**  
 102 COLUMBIA DR.  
 SUITE 105  
 CAPE CANAVERAL FL 32920

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City  
 State Zip Code  
**FL**

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.

Signature of Registered Agent *Mary Kammerude*  
 REGISTERED AGENT MUST SIGN

Date **11/1/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *Jan Keirns*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/1/97**

Daytime Phone # **783-6620**

CR2E040 (8/97)