

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAY 25 PM 4:03

DOCUMENT # **769451**

1. Corporation Name

CANAVERAL BAY CONDOMINIUM ASSOCIATION, INC.

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-06/20/01--01004--005

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Principal Place of Business

Mailing Address

P.O. BOX 754
 CAPE CANAVERAL FL 32920

P.O. BOX 754
 CAPE CANAVERAL FL 32920

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/19/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2818395

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	KEIRNS, JAN Clarkson, Scotty	200 INTERNATIONAL DRIVE, UNIT 81 200 Int'l Dr. #501	CAPE CANAVERAL FL 32920
PD	SPECHT, WILLIAM Wideman, Bud	200 INTERNATIONAL DR #801 8117 Canaveral Blvd.	CAPE CANAVERAL FL 32920
SD	NATEL, NANCY Nichilo, Helen	200 INTERNATIONAL DRIVE, UNIT 81 #411	CAPE CANAVERAL FL 32920
TD	PALADINO, NICK	200 INTERNATIONAL DR 816 #907	CAPE CANAVERAL FL 32920
D	WIDEMAN, BUD Lewis, David	777 MASSAH RD 200 Int'l Dr. #714	CAPE CANAVERAL FL 32921 Cape Canaveral, FL.32920

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALLENCOURT, JAN
 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

Cape Canaveral

FL

32920

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

Jan Valencourt REGISTERED AGENT MUST SIGN

Date 2/20/01

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:

Bud Wideman Bud Wideman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02
 Date

(321)
 799-9400
 Daytime Phone #

CR2E040 (8/00)