

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 10 AM 8:51

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32370

1. Corporation Name (Brevard County)
WEXFORD CONDOMINIUM ASSOCIATION, INC.
209 BALLYSHANNON ST.
MELBOURNE BEACH, FL 32951

500069049115
03/30/06--01037--002 **\$1.25

CR2E081 (12/05)

2. Principal Office Address SAME		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-2951471	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Robbi Starts-Gray

Street Address (P.O. Box Number is Not Acceptable): 33 Cove Rd.

Suite, Apt. #, Etc.

City: Melbourne Beach State: FL Zip Code: 32951

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: Robbi Starts-Gray Date: 2/28/06

REGISTERED AGENT MUST SIGN

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
PRES	ROBBI-STARTS-GRAY	209 BALLYSHANNON ST.	MELBOURNE BEACH, FL 32951
SECD	RICHARD KIEBLER	" "	" "
V.P. TREAS	HENRY JWANOWSKI	215 BALLYSHANNON ST.	" " "

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 contained in Chapter 119, 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: HENRY JWANOWSKI V.P. & Treas. 2/11/06 321-928-1837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #