PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR~~ 96 REINSTATEMENT

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

96 NOV 29 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43727**

1. Corporation Name

WELLINGTON STATION HOMEOWNERS' ASSOCIATION, INC

1996 Annual Report

Principal Place of Business	Mailing Address
~~1482 WELLINGTON CIRCLE~~ 1491 Wellington Circle ROCKLEDGE FL 32955 US	~~1482 WELLINGTON CIRCLE~~ 1491 ROCKLEGE FL 32955 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
Suite, Apt. #, etc.: 1491 Wellington Cir	Suite, Apt. #, etc.: Same as #2
City & State: Rockledge FL	City & State:
Zip: 32955 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/31/1991

5. FEI Number: 59-2111989 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	~~DOCTOR, JOHN~~ Moss Brenda	~~1455 VICTORIA BLVD~~ 1491 Wellington Circle	ROCKLEDGE FL
D	HANEY, LINDA	1482 WELLINGTON CIRCLE	ROCKLEDGE FL
D	~~DAVISON, DIANE~~ OATES, KEVIN	~~1421~~ VICTORIA BLVD 1438	ROCKLEDGE FL

Deposit taken # 2-21-96 91393-025

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~HANEY, LINDA~~ Moss, Brenda 1491 ~~1482 WELLINGTON CIRCLE~~ ROCKLEDGE FL 32955	Name: Moss, Brenda Street Address (P.O. Box Number is Not Acceptable): 1491 Wellington Cir Suite, Apt. #, Etc.: City: Rockledge State: FL Zip Code: 32955

CR2E040 (7/96)

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: Brenda L Moss Date:
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

Brenda L. Moss

SIGNATURE: Brenda L Moss 20 Nov 96 407-632-8580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #