

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

JUN 30 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001200

1. Corporation Name

DOWNTOWN MELBOURNE ASSOCIATION, INC.

Principal Place of Business

**P.O. Box 754
Melbourne, FL 32902-
0754**

Mailing Address

**P.O. Box 754
Melbourne, FL 32902-
0754**

**300002927723--0
-07/09/93--01089--011
***551.25 ***551.25**

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 8, 1993

5. FEI Number

59-3196047

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)

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
P D	Carol Lobasso	804 E. New Haven Avenue	Melbourne, FL 32901
V D	Edward Binai	1900 S. Harbor City Blvd	Melbourne, FL 32901
S D	Richard Ott	2311 St. Andrews Circle	Melbourne, FL 32901
T D	Ernest Jones	640 E. New Haven Avenue	Melbourne, FL 32901
P/Past Pres	Debbie Carpenter	1901 S. Harbor City Blvd	Melbourne, FL 32901

8. Name and Address of Current Registered Agent

**Victor S. Kostro
1825 Riverview Drive
Melbourne, FL 32901**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Victor S. Kostro

REGISTERED AGENT MUST SIGN

Date **June 25, 1999**

11. This corporation owes 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:

Carol Lobasso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL LOBASSO, President 6/28/99 (407)725-4003

Date

Daytime Phone #

CR2E081 (12/98)