

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001582**

1. Corporation Name

**CORAL REEF CONDOMINIUM ASSOCIATION OF INDIALANTI
C, INC.**

Principal Place of Business

1177 NORTH HWY A1A
#402
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 33807
INDIALANTIC FL 32903-0807



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

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

01/22/1992

5. FEI Number

59-3101672

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LEVY, PAUL R Charles Dunsford	1177 NORTH HWY A1A, #300 #503	INDIALANTIC FL 32903
VD	BLUE, DR. THOMAS Edward Frederking	1177 N. HWY A1A., #401 #301	INDIALANTIC FL 32903
DT	BUSH, DEBI Dick Delauder	1177 N. HWY A1A., #402 #303	INDIALANTIC FL 32903
DS	DIPPOLD, OTTMAR Terry Murphy	1177 NORTH A1A #501 #202	INDIALANTIC FL 32903
D	BOWMAN, DAVID	1177 N HWY 203	INDIALANTIC FL 32903

8. Name and Address of Current Registered Agent

~~MARKS~~
MARKS, KEVIN G
SPACE COAST PROPERTY MGMT
3128 LAKE WASHINGTON RD #170
MELBOURNE FL 32934

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. or 617.0505, F.S.

Signature of
Registered Agent

K. Marks
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

K. Marks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/3/02 3217266847