

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 3:16

DOCUMENT # **N96000002103**
1. Corporation Name
FAWN COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**3675 PARKWAY DRIVE
MELBOURNE FL 32934** ~~3675 PARKWAY DRIVE
MELBOURNE FL 32934~~



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
**GARY ORRISON
2641 CROOKED ANTLER DR
Melbourne FL 32934**
4. Date Incorporated or Qualified
To Do Business in Florida
04/18/1996
5. FEI Number
59-3376986
Applied For: Not Applicable
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
D	MCKINLEY, JOHN A	4927 FLORA DR	MELBOURNE FL 32934
D	CONNOR, DOUG	3675 PARKWAY DRIVE	MELBOURNE FL 32934
D	BROWN, KAREN	5055 SMITHFIELD	MELBOURNE FL 32934
P	ORRISON, GARY M ORRISON, GARY M	2641 CROOKED ANTLER DR	MELBOURNE FL 32934

8. Name and Address of Current Registered Agent
**MCKINLEY, JOHN A
3480 DEER-TRAIL
MELBOURNE FL 32934**

9. Name and Address of New Registered Agent
Name: **GARY ORRISON**
Street Address (P.O./Box Number is Not Acceptable): **2641 CROOKED ANTLER DR**
Suite, Apt. #, Etc.: **FL**
City: **Melb FL** State: **FL** Zip Code: **32934**

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: *[Signature]* Date: **12/8/00**
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: *[Signature]* Date: **11/14/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #