PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 12 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900088907679
02/21/07--01030--006 **551.25

DOCUMENT # N97000005178

1. Corporation Name

Melbourne Shores Townhomes Homowners Association

REINSTATEMENT 99-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
MSTHA	Same
Suite, Apt. #, etc.: 5738 S. Hwy A1A	Suite, Apt. #, etc.
City & State: Melbourne Beach, FL	City & State
Zip: 32951 Country: Brevard	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08-18-1997

5. FEI Number: 593473828 ☐ Applied For ☐ Not Applica

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee req for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name: Robert S. Kulig, Sr.

Street Address (P.O. Box Number is Not Acceptable): 5738 S. Hwy A1A

Suite, Apt. #, Etc.:

City: Melbourne Beach State: FL Zip Code: 32951

☑ The reinstatement fee is imposed, except i circumstances which the entity did not receiv the prior notices. By checking this box, yo are certifying the prior notices were no received and requesting the reinstatemen fee be waived.

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: Robert S. Kulig Sr. Date: 01-26-07
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
P	Robert S. Kulig, Sr.	5738 S. Hwy A1A	Melbourne Beach, FL 3295 1
T	Arthur J. Brockleman	5742 S. Hwy A1A	Melbourne Beach, FL 3295 1
S	David A. Nesbitt, Jr.	5736 S. Hwy A1A	Melbourne Beach, FL 3295 1
			JC 2/14

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Arthur J. Brockleman ARTHUR J. BROCKELMAN 2-7-07 321-984-0685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #