

8236.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **N96000001843**

**ASSOCIATION**

1. Corporation Name

**OCEAN RIDGE HOMEOWNERS OF MELBOURNE  
BEACH, INC.**

**REINSTATEMENT 99-00**

03/11/99 90182 004 \$60.25

2. Principal Office Address

**272 SANIBEL WAY**

3. Mailing Office Address

**272 SANIBEL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE BEACH, FL.**

City & State

**MELBOURNE BEACH, FL.**

Zip

**32951**

Country

**BREVARD**

Zip

**32951**

Country

**BREVARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/29/96**

5. FEI Number

**34-1831109**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**NEAL McCULLOH**

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

**1065 MAITLAND CTR. COMMONS BLVD.**

Suite, Apt. #, Etc.

City

**MAITLAND**

State

**FL**

Zip Code

**32751**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**3/2/2000**

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
DIR. PRES.	<b>RICHARD A ROBBINS</b>	<b>272 SANIBEL WAY</b>	<b>MELB. BEACH, FL 32951</b>
DIR.	<b>ALAN BROADWELL</b>	<b>292 SANIBEL WAY</b>	<b>" " "</b>
DIR.	<b>VALERIE GAROFALO</b>	<b>293 SANIBEL WAY</b>	<b>" " "</b>
DIR.	<b>LARRY JEWEL</b>	<b>OCEAN RIDGE DR.</b>	<b>" " "</b>
DIR.	<b>RON McNALLY</b>	<b>SANIBEL WAY</b>	<b>" " "</b>
TRES. SECT.	<b>RUH JARDINE</b>	<b>232 SANIBEL WAY</b>	<b>" " "</b>
	<b>NANCY HANEY</b>	<b>181 OCEAN RIDGE DRIVE</b>	<b>" " "</b>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD A. ROBBINS**

**2/28/00**

Date

**707-726-8143**

Daytime Phone #

CR2E081 (9/99)