PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 25 PM 1:31

DOCUMENT # 714720

1. Corporation Name

DOMMERICH BEACH AND CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 940722 MAITLAND FL 32794-7722	P O BOX 940722 MAITLAND FL 32794-7722

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/05/1968 SP

5. FEI Number: 52-0895956 ☐ 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	4 City / State / Zip
PD	~~DEWAHL, LAEL~~ Michelle Morse	~~341 DOMMERICH DR~~ 1655 Algonquin Trl	MAITLAND FL 32751
VPD	~~ROBBINS, JEFF~~ Lisa De Rod	~~1751 CHOCTAW TR~~ 909 Mojave Trl	MAITLAND FL
~~TD~~ SD See	~~BEUMER, STEVEN L~~ Beth Townes	~~581 ARAPAHO TR.~~ 866 Arapaho Trl	MAITLAND FL
TD	Griffin, Beth	1775 Huron Trl	Maitland FL 32751
			100004679731--1 -11/15/01--01004--008 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~BEUMER, STEVEN L~~ ~~581 ARAPAHO TR.~~ ~~MAITLAND FL 32751~~	Name: Michelle K. Morse Street Address (P.O. Box Number is Not Acceptable): 1655 Algonquin Trl Suite, Apt. #, Etc.: City: Maitland State: FL Zip Code: 32751

CR2E040 (8/01)

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: Michelle K. Morse SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/14/01

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: Michelle K. Morse SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/14/01 Date 407-649-8488 Daytime Phone #