PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2019

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 MAR 29 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # 745724

1. Corporation Name

Essex Condo Association, Inc.

600327097546
03/28/19--01018--004 **236.25

CR2EC61 (11/10)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
390 W Cocoa Beach Cswy	200 N 1st Street
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931 Country: USA	Zip: 32931 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2045501 ☐ 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: M.R.S. Management / Jean Diaz

Street Address (P.O. Box Number is Not Acceptable): 200 N. 1st Street

Suite, Apt. #, Etc.

City: Cocoa Beach | State: FL | Zip Code: 32931

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: Jean Diaz — Date: 3-2019
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	Helen Black	390 W Cocoa Beach Cswy	Cocoa Beach, FL 32931
VP	Jeff Haemmerle	390 W Cocoa Beach Cswy	Cocoa Beach, FL 32931
S/T	BJ Kraatz	390 W Cocoa Beach Cswy	Cocoa Beach, FL 32931
D	Paul DePlancke	390 W Cocoa Beach Cswy	Cocoa Beach, FL 32931
D	Emory Kitts	390 W Cocoa Beach Cswy	Cocoa Beach, FL 32931

10. E-mail Address: jeandiazmrs@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Helen Black — 3-21-19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #