

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 14 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747478

1. Corporation Name

VICTORIAN APARTMENTS OF CAPE CANAVERAL
CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

220 Columbia Drive

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip
32920

Country

Brevard

3. Mailing Office Address

3900 Savannahs Trail

Suite, Apt. #, etc.

City & State

Merritt Island

Zip
32953

Country

Brevard

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/01/79

5. FEI Number
59-2160329

☐ 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

Jon Windhorst

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

3900 Savannahs Trail

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

600060622146
10/14/05--01047--003 **735.00

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

REGISTERED AGENT MUST SIGN

Date 10 Oct 05

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/D	Jon Windhorst	3900 Savannahs Trail	Merritt Island, FL 32953
V/T/D	Bob Delcazal	637 Orange Court	Rockledge, FL 32955
S/D	Joan Macey	637 Orange Court	Rockledge, FL 32955

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:

Jon C. Windhorst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 Oct 05 (321) 452-2376

Daytime Phone #