

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

753103

1. Corporation Name

Indialantic Villas
Condominium Assoc., Inc.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. Box 3635

Suite, Apt. #, etc.

Same

City & State

Indialantic FL

City & State

Zip

Country

32903 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2356421

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Cynthia Mays

Space Coast Property Management of Brevard, Inc.

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

1617 Cooling Avenue

Suite, Apt. #, Etc.

200009418702

12/09/02--01050--031 ***35.00

City

Melbourne

State

FL

Zip Code

32935

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

Cynthia Mays

REGISTERED AGENT MUST SIGN

Date 10/17/02

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.	Salvatore Lauricella	1145 SHANNON AVE #25	INDIALANTIC, FL 32903
P.	Sue Duncan	1145 SHANNON AVE #35	INDIALANTIC FL 32903
M	Boni Zamojcin	1145 SHANNON AVE #32	INDIALANTIC FL 32903
S	Jean Lambert	1145 SHANNON AVE #43	INDIALANTIC FL 32903
D	Veronica Human	1145 SHANNON AVE #38	INDIALANTIC FL 32903
D	Ann Constinos	1145 SHANNON AVE #1	INDIALANTIC FL 32903

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:

R. Zamojcin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321 757 9609

Daytime Phone #

CR2E181 (9/01)

9/12/5