

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 8 PM 4:00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 753767
1. Corporation Name
ORA at Melbourne Beach, Inc.

REINSTATEMENT 99-02

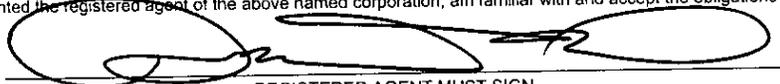
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****358.75 ****358.75

2. Principal Office Address <u>3000 S. Hwy. A1A</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc. <u>---</u>		Suite, Apt. #, etc.	
City & State <u>Melbourne Beach, FL</u>		City & State	
Zip <u>32951</u>	Country <u>U.S.A.</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>8-14-1980</u>	
5. FEI Number <u>59-2023599</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>David L. Wildman Esquire</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>25 W. New Haven Ave.</u>			
Suite, Apt. #, Etc. <u>Suite A</u>			
City <u>Melbourne</u>	State FL	Zip Code <u>32901</u>	

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  Date 04/05/02

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
Pres.	<u>Evelyn Sweeney</u>	<u>5473 S. Williamsville Rd.</u>	<u>Sheeman, FL 32684</u>
V-Pres.	<u>Anthony Karrie</u>	<u>4112 Oneida St.</u>	<u>New Hartford, NY 13413</u>
Sec.	<u>Robert Mulligan</u>	<u>109 La Costa #504</u>	<u>Melbourne Beach, FL 32951</u>
Treas.	<u>Thomas Venice</u>	<u>138 Summerfield Blvd.</u>	<u>Bowling Green, OH 43402</u>
Dir.	<u>Gary Baldry</u>	<u>572 Cedar Park Ln. RR#1</u>	<u>Alkors, Ontario, Canada K0E1B0</u>
Dir.	<u>James Daly</u>	<u>173 River Rd.</u>	<u>Topsham, ME 04086</u>

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: Robert A. Mulligan Robert A. Mulligan Date 4-4-02 Daytime Phone # 321-951-8608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

#9 (cont.)

Dir. Kay Mulligan

Dir. Robert Uszacki

Dir. Charles Williams

109 La Costa St. #504

756 Main St.

6216 Indian Point Dr.
Box 1072

Melbourne Beach, FL 32951

Dunkirk, NY 14048

Saugatuck, MI 49453