

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG 25 AM 9:56

DOCUMENT # 756933

1. Corporation Name

*THE REGENCY OF MELBOURNE BEACH
CONDOMINIUM ASSOCIATION, INC.*

400159895244
08/25/09--01003--012 **1653.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
1350 Atlantic Street

3. Mailing Office Address
P.O. Box 510385

Suite, Apt. #, etc.
#9

Suite, Apt. #, etc.

City & State
Melbourne Beach, Florida

City & State
Melbourne Beach, Florida

Zip Country
32951 USA

Zip Country
32951 USA

4. Date Incorporated or Qualified
To Do Business in Florida 03-25-1981

5. FEI Number Applied For
80-0462810 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
Diana Beacham

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

Suite, Apt. #, Etc.

City
Melbourne Beach

State Zip Code
FL 32951

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 *Diana Beacham*
REGISTERED AGENT MUST SIGN

Date 08-17-2009

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	Michael Darling	1350 Atlantic Street #9	Melbourne Beach, Florida 32951
VP	Erik Hersloff	412 First Avenue	Melbourne Beach, Florida 32951
S/T	Diana Beacham	212 Surf Road	Melbourne Beach, Florida 32951

B 8/27/09
REINSTATEMENT *83-09*

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 contained in Chapter 119, 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: *Michael Darling - Pres.* Michael Darling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-17-2009
Date

321-725-4373
Daytime Phone #