

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT -9 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759206

1. Corporation Name
WINDOVER OF COCOA Corp. Inc.
1050 N. Fiske Blvd. Office
Cocoa, Fl. 32922
CONDOMINIUM ASSOCIATION

2. Principal Office Address
William C. Sawyer
Suite, Apt. #, etc.
115 CARRIGAN Blvd.
City & State
Merritt Island Fl. 32952
Zip
32952 Brevard

3. Mailing Office Address
1050 N. Fiske Blvd.
Suite, Apt. #, etc.
Office
City & State
Cocoa, Fl. 32922
Zip
32922 Brevard

4. Date Incorporated or Qualified
To Do Business in Florida
02/10/11 CR2E081 (12/05)

5. FEI Number
59-2119717
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
Josephine MARKLE (Site MANAGER)
Street Address (P.O. Box Number is Not Acceptable)
1050 N. Fiske Blvd. #401
Suite, Apt. #, Etc.
City
Cocoa
State
FL
Zip Code
32922
300080641203
10/09/06--01052--018 ***231.25

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

Josephine Markle
REGISTERED AGENT MUST SIGN

Date 10-4-06

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.	William C. Sawyer	115 CARRIGAN Blvd. M	Merritt Isl, Fl. 32952
V. Pres	Judith Molitor	1171 INDIAN RIVER DR.	Cocoa, Fl. 32922
Sec.	Bill Hunter	787 NASSAU RD.	Cocoa Beach, Fl. 32931
off.	Ruth DAVIES	1300 St. Andrews	Rockledge, Fl. 32955
off.	Don Pierce	400 MONALOA Ct.	Merritt Isl, Fl. 32953

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

William C. Sawyer President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-4-06

Daytime Phone #