

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761015**

1. Corporation Name

Ocean Trail Villas Owners Assn., Inc

200115801882

01/22/08--01059--012 **420.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

209 Canaveral Beach Blvd.

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

Brevard

3. Mailing Office Address

P.O. Box 1369

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

Brevard

4. Date Incorporated or Qualified

To Do Business in Florida 12/10/81

5. FEI Number

20-1485849

☐ 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

Suzanne Hazelaar

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

209 Canaveral Beach Blvd.

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

☐ 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

Suzanne Hazelaar

REGISTERED AGENT MUST SIGN

Date 1/14/08

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/T/D	Suzanne Hazelaar	209 Canaveral Beach Blvd	Cape Canaveral, FL 32920
D	William D. Johnson	11104 State Road # 26	Carthage, NY 13619
D	Kathleen Tyler	117 N. Clinton Street	Carthage, NY 13619

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.

SUZANNE Hazelaar-President

SIGNATURE:

Suzanne Hazelaar, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/08

Daytime Phone #

321-784-6242