

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 766716

1. Corporation Name

Seabury Point Homeowner's Association

2. Principal Office Address

1690 Seabury Point Rd. NW

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32907

Country

Brevard

3. Mailing Office Address

1690 Seabury Point Rd. NW

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32907

Country

Brevard

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/26/1983

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Gary B. Frese, Esq.

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

930 S. Harbor City Blvd., Suite 505

Suite, Apt. #, Etc.

505

City

Melbourne

State

FL

Zip Code

32901

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

[Signature]

REGISTERED AGENT MUST SIGN

Date November 2, 2000

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./D	John C. Lee Voelkel	1651 Seabury Point Rd. N.W.	Palm Bay, FL 32907
Vice Pres./D	Warren Newman	1603 Seabury Point Rd. N.W.	Palm Bay, FL 32907
Sec./D Treas	Betty K. Harrison	1637 Seabury Point Rd. N.W.	Palm Bay, FL 32907
			AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Lee Voelkel, President

Date

10/31/00

Daytime Phone #

321-952-4422