

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766905

1. Corporation Name

Azalea Place Condominium Association, Inc.

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

3050 S. Hopkins Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 278

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

USA

Zip

32781

Country

USA

CR2E081 (12/08)

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

2/9/1983

5. FEI Number

59-2878258

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

J. Wayne Edens

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

3050 S Hopkins Avenue

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

☐ 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

REGISTERED AGENT MUST SIGN

Date 1/29/2009

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 |
|--------|--------------------------------------|---|---|
| Pres | J. Wayne Edens | 3050 S Hopkins Ave. | Titusville, FL 32780 |
| VP | Vicki H. Hawks | 145 Utopia Circle | Merritt Island, FL 32952 |
| | | | 200142712802 02/03/09--01019--004 **910.00 |
| | | | |
| | | | REINSTATEMENT |
| | | | 1998-2009 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Wayne Edens

Date

1/29/09 321-383-4554

Daytime Phone #