

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 11:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001815**

1. Corporation Name

**G.P.O. CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1617 COOLING AVENUE  
 MELBOURNE FL 32935

1617 COOLING AVENUE  
 MELBOURNE FL 32935



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	<b>03/17/2000</b>
5. FEI Number	<b>59-3632947</b>
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	<del>COLSON, STAN</del> Albert Borsella	1941 HWY A1A <del>#202</del> #402	IHB FL 32937
VPD	<del>BRYK, SHIRLEY</del> June Donnelly	1941 HWY. A1A, <del>#307</del> #208	IHB FL 32937
STD	DRISCOLL, HELEN	1941 HWY A1A, #405	IHB FL 32937
TD	<del>JOHNSON, LOU</del> Stanley Colson	1941 HWY A1A, <del>#404</del> #202	IHB FL 32937
TD	MCKNIGHT, TOM	1941 HWY A1A, #404	IHB FL 32935

7000009418837  
 12/03/02--01050--031 \*\*735.00

8. Name and Address of Current Registered Agent

**HALL, LARRY**  
 % SPACE COAST PROPERTY MANG. OF BREVARD  
 1617 COOLING AVENUE  
 MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10-31-02  
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** *[Signature]* Date 10-31-02 Daytime Phone # 321-757-9609  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/02)