

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 15 AM 10:52

DOCUMENT # N60000008510

1. Corporation Name

Friends of Melbourne Beach
Library, Inc.

2. Principal Office Address

710 Mar Brisa Ct

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 510885

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Melbourne Beach, FL

Zip

32937

Country

Brevard

Zip

32951

Country

Brevard

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593661622

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

Marie Strazzo

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

710 Mar Brisa Court

Suite, Apt. #, Etc.

City

Satellite Beach

State

FL

Zip Code

32937

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

Marie Strazzo

Date 5-11-06

REGISTERED AGENT MUST SIGN

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
VP	Sue Simoes	5845 Riverside Drive	Melbourne Beach, FL 32951
SD	Susan Thomas	751 Malibu Lane	Indianapolis, FL 32908
TD	Karen Sukolsky	2130 S. River Rd	Melbourne Beach, FL 32951

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: Marie Strazzo, Marie Strazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-06
Date

321-773-2868
Daytime Phone #