

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO1927**

1. Corporation Name

**OCEAN BREEZE HOMEOWNERS
ASSOCIATION, INC.**

REINSTATEMENT **08-03**

2. Principal Office Address

235 CANAVERAL BCH BLVD

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL.

Zip

32920

Country

USA

3. Mailing Office Address

235 CANAVERAL BCH BLVD

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL.

Zip

32920

Country

USA

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

3/13/84

EVENT DATE FILED 9/22/00

5. FEI Number

592777353

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

CHARLES HAYTON

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

235 CANAVERAL BCH BLVD

Suite, Apt. #, Etc.

City

CAPE CANAVERAL

State

FL

Zip Code

32920

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0503, F.S.

Signature of
Registered Agent

Charles Hayton

Date

11/13/03

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
PRES.	CHARLES HAYTON	235 CANAVERAL BCH BLVD	CAPE CANAVERAL, FL. 32920
TREAS.	CAROL BOUCARD	243 CANAVERAL BCH BLVD	CAPE CANAVERAL, FL. 32920
VICE PRES.	PAT PETERS	231 CANAVERAL BCH BLVD	CAPE CANAVERAL, FL. 32920
SECR.			

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:

Charles Hayton

CHARLES HAYTON

11/13/03

(321) 783-7120

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Ocean Breeze Homeowners Association Inc.
231 - 243 Canaveral Beach Blvd
Cape Canaveral, Fl. 32920

Ocean Breeze Homeowners Association Inc
235 Canaveral Beach Blvd.
Cape Canaveral, Fl. 32920

November 13, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

I am requesting Corporation reinstatement for the Ocean Breeze Homeowners Association. Per the conversation on November 13, 2003 with your office I am enclosing \$245.00 the amount for reinstatement and certificate of status. I have not been involved in the business of accounts due or payable since the last filing. This job was given to another officer that no longer owns a unit in our association. I have also updated the new names and titles of officers. I can only say that we did not receive any filing information since the last date filed. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Charles Hayton". The signature is fluid and stylized, with the first and last names being clearly legible.

Charles Hayton
President / Treasurer