

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000004772

1. Corporation Name

INDIALANTIC ONE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

2715 N. Harbor City Blvd.

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32901

Country

USA

3. Mailing Office Address

2715 N. Harbor City Blvd.

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32901

Country

USA

FILED

2006 OCT 23 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2003

5. FEI Number

☒ 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

Gary B. Frese

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

930 S. Harbor City Blvd.

Suite, Apt. # Etc.

Suite 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

Ronald J. Uhland

Date

9-28-06

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
P	James A. Mayes	2715 N. Harbor City Blvd.	Melbourne, FL 32901-
V	Ronald J. Uhland	2715 N. Harbor City Blvd.	Melbourne, FL 32901
ST	James L. Mayes	2715 N. Harbor City Blvd.	Melbourne, FL 32901
			700081108047 10/23/06--01019--005 **175.00
			700081108047 10/23/06--01019--005 **183.75

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:

Ronald J. Uhland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-06

Date

321-253-0733

Daytime Phone #

2/2

Coral Sands of Indialantic, LLC
2715 N. Harbor City Blvd., Suite 4
Melbourne, Florida 32901

September 27, 2006

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

*Re: Indialantic One Condominium Association, Inc.
Document No. N03000004772*

Dear Sir/Madam:

Enclosed please find our Corporation Reinstatement form, together with a check in the amount of \$183.75.

Our corporation did not receive any Annual Report forms mailed from the Department of State and, therefore, have enclosed our check in the amount of \$183.75, representing the annual report and supplemental fees for each year after dissolution.

Sincerely,



Ron Uhland, Vice-President