

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03003

1. Corporation Name

BEACH VIEW CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.

2. Principal Office Address

103 N. Atlantic Avenue

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

Zip
32931

Country
Brevard

3. Mailing Office Address

103 N. Atlantic Avenue

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

Zip
32931

Country
Brevard

FILED

06 APR 24 AM 8:39

RECEIVED
STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/02/06--01062--009 **1522.50

REINSTATEMENT 85-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1984

5. FEI Number

01-0829779

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

JASON M GORDON

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

103 NORTH ATLANTIC AVENUE

Suite, Apt. #, Etc.

City

Cocoa Beach, FL

State

FL

Zip Code

32931

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 04/03/2006

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/T/D	Kathleen J. Kneuer	135 Teresa Lane	Merritt Island, FL 32952
VP/D	Thomas S. Walsh	33 Fairview Street	Smithtown, NY 11787
S/D	Ernest Gaines	33 Westbrook Drive	Sea Konk, MA 02771

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

Kathleen J. Kneuer

04/03/2006

Date

321-452-9786

Daytime Phone #