PLEASE READ ALL INSTRUCTION BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # NOS 00000 31 35								TALLAHASSEE, FLORIDA			
First and Best Properties Condominium Association, Inc.								900182680049 07/16/1001021026 **70.03			
W1=31005								9			
•	Office Addre		3. Mailing Office Address 41 N. Orlando Ave.					06/28/1001048005 **358.72 CR2E081 (11/09)			
Suite, Apt. #,		1	Suite, Apt. #, etc. Suite 2				Date Incorporated or Qualified 03/25/2005     To Do Business in Florida				
City & State		City & State					To Do Business in Florida 03/23/2003				
Cocoa	Beach,	'	Cocoa Beach, FL				5. FEl Numb	er Applied  yy Not App			
<sup>Zip</sup> 32931	. Country US Zip . 3293			Country				6, CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee require			
	<del></del>	7. Name and Add	dress of Current Regis	tered A	gent						
Name Kathy Boers								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable) 41 N. Orlando Ave.							the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt. #, Etc. Suite 2								received and requesting the reinstatement			
City Cocoa				State Zip Code FL 32931				fee be waived.			
8. I, being a	appointed the	registered againt of	the above named corpe	ngtion, a	m farr	niliar with and ac	cept the o	bligations of sect	tion 607.0505 or 617,0503, F.S.		
Signature of Registered A	thear	UK- 6	Qei		) 		· · · · · · · · · · · · · · · · · · ·	Date May 14, 2010			
REGISTERED AGENT MUST SIGN											
9. Names a	and Street Ad	Idresses of Each Off	icer and/or Director (Flo	rida non	profit	corporations mu	st list at le	ast 3 directors)	<del></del>		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip		
Р	Kathy	Boers		41	N.	Orlando	Ave.	Suite 2	Cocoa Beach, FL 3293	1	
VP	David	Boers		41	N.	Orlando	Ave.	Suite 2	Cocoa Beach, FL 3293	1	
Treas	Ray Ba	aldino		41	N.	Orlando	Ave.	Suite 4	Cocoa Beach, FL 3293	1	
Sec	Beth H	loskins		41	N.	Orlando	Ave.	Suite 1	Cocoa Beach, FL 3293	1	
		<u> </u>				γ-		NIGTE	TEMENT		
						<u> </u>		INDIL	07-10		
<sup>10.</sup> E-mai	l Addres	s: ka	t121@aol.com		T	and for five		1 - 110 - 4! 1	(Wo		
11   Certify th	hat iam an of	flicer or director or th	se receiver or trustee en	_		used for future as secute this appli			apter 607 or 617. F.S. I further certify that when f	ilina	

I certify that I am an officer or director of 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 read. I further certify, 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:

May 14, 2010 321-799-1090

2010 JUL 16 P 3:25