

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -6 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008329

1. Corporation Name
NORTH COURTENAY SQUARE CONDOMINIUM ASSOCIATION,
INC.

2. Principal Office Address - No P.O. Box #
1702 S. Washington Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
1702 S. Washington Ave.
Suite, Apt. #, etc.

City & State
Titusville, FL

City & State
Titusville, FL

Zip Country
32780 USA

Zip Country
32780 USA

4. Date Incorporated or Qualified
To Do Business in Florida 8/12/2005

5. FEI Number 34-2055550
 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
John H. Evans, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1702 S. Washington Ave.
Suite, Apt. #, Etc.
City
Titusville
State
FL
Zip Code
32780

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 [Signature] Date 12-3-07
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
PSTD	TONY LACOURT	1601 Newfound Harbor Drive	Merritt Island, FL 32952
DVP	KATHY LACOURT	1601 Newfound Harbor Drive	Merritt Island, FL 32952
D	BILL GRILLO	3777 Sunwood	Merritt Island, FL 32954

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] TONY LACOURT Date 11-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #