

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2013 NOV 25 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000010920

1. Corporation Name

CORAL BAY CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

431 and 441 Monroe Avenue

Suite, Apt. #, etc.

City & State

Cape Canaveral

Zip

32920

Country

US

3. Mailing Office Address

9360 Lime Bay Boulevard

Suite, Apt. #, etc.

Apt. 309

City & State

Tamarac, FL

Zip

33321

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
October 21, 2005

5. FEI Number

364576402

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 B. LoMeo

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

9360 Lime Bay Boulevard

Suite, Apt. #, Etc.

Apt. 309

City

Tamarac

State

FL

Zip Code

33321

200254198372
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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

John B. LoMeo
REGISTERED AGENT MUST SIGN

Date

11-21-13

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
PD	Charles A. Fischer	125 E. Merritt Island Causeway, Suite 209153	Merritt Island, FL 32952
VD	Ryan Hyers	12643 Daisywood Drive	Knoxville, TN 37932
SD	Kelly B. Sanders	18 Pelham Springs Place	Greenville, SC 29615
TD	Nancy LoMeo	431 Monroe Avenue, Apt. 2	Cape Canaveral, FL 32920
D	John LoMeo	9360 Lime Bay Boulevard, Apt. 309	Tamarac, FL 33321

S. HAWKES

NOV 26 2013

10. E-mail Address: jblomeo3@belsouth.net

(To be used for future annual report notification)

11. 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. Further, I certify that in executing 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., and that all fees owed by the corporation have been paid. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John B. LoMeo

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. LoMeo

11-21-13

Date

Daytime Phone #

EXAMINER

234-
954 5163