PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 APR 15 AM 9:07

DOCUMENT # N05000012518

1. Corporation Name

Bella Luna Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7827 N. Wickham Rd.	7827 N. Wickham Rd
Suite Apt # etc.: Suite D	Suite, Apt. #, etc.: Suite D
City & State: Melbourne, FL	City & State: Melbourne FL
Zip: 32940 Country: USA	Zip: 32940 Country: USA

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04/15/19--01001--030 **35.00
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/2005

5. FEI Number: 20-5677335 ☐ 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: Robert Tanz

Street Address (P.O. Box Number is Not Acceptable): 7827 N. Wickham Rd

Suite, Apt. # Etc.: Suite D

City: Melbourne State: FL Zip Code: 32940

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: _____ Date: 4/5/19
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/D	Mark Meyers	7827 N. Wickham Rd Ste D	Melbourne, FL 32940
T/D	Wendy Diaz	7827 N. Wickham Rd Ste D	Melbourne, FL 32940
D/S	Jennifer Roberts	7827 N. Wickham Rd Ste D	Melbourne FL 32940
M	Robert Tanz	7827 N Wickham ed Ste D	Melbourne FL 32940
	REINSTATEMENT		APR 15 2019
			R. HUNT

10. E-mail Address: robert@keysenterprise.com
(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. 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. 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: Mark G Meyers Mark Meyers 4/8/2019 3217848011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #