PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -8 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05081

REINSTATEMENT 85-06

CR2E081 (12/05)

1. Corporation Name

3047 CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address		**3.** Mailing Office Address	
3047 Finsterwald Dr.		3047 Finsterwald Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Titusville FL		City & State: Titusville FL	
Zip: 32780	Country: USA	Zip: 32780	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/11/1984

5. FEI Number: ☐ 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: Ralph L. Rogers

Street Address (P.O. Box Number is Not Acceptable): 3055 Finsterwald Dr.

Suite, Apt. #, Etc.:

City: Titusville | State: FL | Zip Code: 32780

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: X Ralph L Rogers — Date _____

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
PD	Ralph L. Rogers	3055 Finsterwald Dr.	Titusville FL 32780
VD	Harry Attack	3047 Finsterwald Dr	Titusville FL 32780
STD	David A. Crow	7010 N. US Hwy 1 Apt 206	Cocoa FL 32927
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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: X Ralph L Rogers — Ralph L. Rogers — Date — (321) 267-2243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #