

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 PM 1:31

DOCUMENT # 06000001924

1. Corporation Name

Bonita Beach Condominiums Association, Inc

000163210930
12/01/09--01016--012 **358.75

CR2E081 (11/09)

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

340 N Harbor City Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

340 North Harbor City Blvd

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

USA

Zip

32935

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 2-21-2006

5. FEI Number

01-0935882

☐ 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

William S. Shull

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

340 N Harbor City Blvd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

☐ 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

William S. Shull

Date 11/25/2009

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	William S. Shull	334 Coral Way West	Indialantic, FL 32903
VP	Jeff Wagner	7667 N Wickham RD Apt 516	Melbourne, FL 32940
S-T	Barbara Gunter	1706 Fletcher St	Melbourne, FL 32901

10. E-mail Address: stans@floridabusinessbank.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., 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.

SIGNATURE:

William S. Shull

William S. Shull

11/25/2009

321-253-7398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #