

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 11 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000009533

1. Corporation Name

PALMS EIGHT CONDOMINIUM ASSOCIATION, INC.

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

2240 FRONT ST.

3. Mailing Office Address

700 WAVECREST AVE

Suite, Apt. #, etc.

#303

Suite, Apt. #, etc.

UNIT # 103

City & State

MELBOURNE

City & State

INDIALANTIC, FLORIDA

Zip

32901

Country

BREVARD

Zip

32903

Country

BREVARD

09-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

205988673

☐ 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

CHUCK H. WAHLEN

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

2240 FRONT ST.

Suite, Apt. #, Etc.

303

City

MELBOURNE

State

FL

Zip Code

32901

300210928433
08/10/11--01026--003 **358.75

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

REGISTERED AGENT MUST SIGN

Date

8/5/11

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	Chuck Wahlen	2240 Front St. #303	Melbourne FL 32901
m	Laura L. Coffey	700 Wavecrest Ave #103	Indialantic FL 32903
D	Mike F. Coffey	" "	" "

18P
8/11

10. E-mail Address: lauracoffey@peoplepc.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/11