


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION REINSTATEMENT 2016-2017		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 17 APR 26 AM 9:36 ALT. JUDGE: FLORIDA 400297110134 04/28/17--01002--004 **166.25 400297110134 02/13/17--01009--018 **131.25 CR2E081 (11/10)	
DOCUMENT # <u>NØ6285</u>					
1. Corporation Name <u>Siesta Del Mar Condominium Association, Inc.</u>					
2. Principal Office Address - No P.O. Box # <u>430 Johnson Ave.</u>		3. Mailing Office Address: <u>5703 Red Bug Lake Rd.</u>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <u>Cape Canaveral, FL</u>		City & State <u>Winter Springs, FL</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>11/21/1984</u>	
Zip <u>32920</u>	Country <u>USA</u>	Zip <u>32708</u>	Country <u>USA</u>	5. FEI Number <u>58-1610947</u>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Cassandra Dorrien</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>5703 Red Bug Lake Rd. #303</u>					
Suite, Apt. #, Etc. 					
City <u>Winter Springs</u>		State <u>FL</u>	Zip Code <u>32708</u>		
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 <u>Cassandra Dorrien</u>				Date <u>2/28/17</u>	
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		
PRES	Mike Wescott	407 Antrim St.	Charlevoix, MI 49720		
V.P.	Matt Sansbury	5776 Oak Lake Trail	Oviedo, FL 32765		
Sec.	Kim Cooke	47100 Timberlane St.	Northville, MI 48167		
Tre.	John Mitchell	430 Johnson Ave #205	Cape Canaveral, FL 32920		
Dir.	Lee Cooke	1986 Bayou Dr.	Bloomfield Hills, MI 48302		
10. E-mail Address: <u>Cassandra529@me.com</u> <small>(To be used for future annual report notification)</small>					
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: <u>K. Ashton</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

K. ASHTON