

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08641**

1. Corporation Name

**MARINER SQUARE OFFICE CONDOMINIUM, INC.**

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

96 Willard Street,

Suite, Apt. #, etc.

Suite 206

City & State

Cocoa, Florida

Zip

32922

Country

US

3. Mailing Office Address

96 Willard Street

Suite, Apt. #, etc.

Suite 206

City & State

Cocoa, Florida

Zip

32922

Country

US

**7. Name and Address of Current Registered Agent**

Name

Lisa L. Hogreve

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

96 Willard Street

Suite, Apt. #, Etc.

Suite 206

City

Cocoa

State

FL

Zip Code

32922

4. Date Incorporated or Qualified  
To Do Business in Florida

April 11, 1985

5. FEI Number

59-2524230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

Date April 13, 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
Pres.	Lisa L. Hogreve	96 Willard Street, Suite 206	Cocoa, Florida 32922
V-P	Stephen M. Moon	96 Willard Street, Suite 305	Cocoa, Florida 32922
Treas.	Jerilyn R. Bird	96 Willard Street, Suite 105	Cocoa, Florida 32922

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:

President

April 13, 2009

321/633-3208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #