

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 17 PM 6:21

DOCUMENT # N10767

1. Corporation Name

THE 512 BUILDING OWNER'S ASSOCIATION, INC.

Principal Place of Business

805 SR 512
SUITE 3
SEBASTIAN FL 32958
US

Mailing Address

805 SR 512
SUITE 3
SEBASTIAN FL 32958
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1985

5. FEI Number

65-0129140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SHAPIRO, ILAN	805 SR 512 SUITE 3	SEBASTIAN FL
SD	MCLAIN, LINDA	9740 FLEMING GRANT RD	MICCCO FL
VD	TOZZOLLO, WAYNE	805 SR 512 SUITE 4	SEBASTIAN FL
TD	MOSKOWITZ, KENNETH L.	805 SR 512, SUITE 3	SEBASTIAN FL
			300004661573--5 -10/31/01--01077--007 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MOSKOWITZ, KENNETH
805 SR 512
SUITE 3
SEBASTIAN FL 32458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 561-589-2244

CR2E040 (8/01)