

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 736.25

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15709

1. Corporation Name

OCEAN PLACE OFFICE CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

% JAMES A. FINAN
2115 COUNTRY CLUB ROAD
MELBOURNE FL 32901

Mailing Address

% JAMES A. FINAN
2115 COUNTRY CLUB ROAD
MELBOURNE FL 32901

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

2. New Principal Office Address, If Applicable

~~Downs Properties~~
~~777 W. Hwy. A1A #201~~
~~Indialantic, FL~~
~~32903~~ ~~FL~~

3. New Mailing Office Address, If Applicable

~~Downs Properties~~
~~777 W. Hwy. A1A #201~~
~~Indialantic, FL~~
~~32903~~ ~~US~~

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1986

5. F.E.I. Number

59-2881382

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 (If Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	FINAN, JAMES A. Thomas M. Downs	2115 COUNTRY CLUB ROAD 777 W. Hwy A1A	MELBOURNE FL Indialantic
VTD	FINAN, JANICE G. Barbara Wall	2115 COUNTRY CLUB ROAD 777 W. Hwy A1A	MELBOURNE FL Indialantic
D	MOSS, JOEL S. Phyllis Corso	47 W. NEW HAVEN AVE. #200 777 W. Hwy A1A	MELBOURNE FL Indialantic

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8. Name and Address of Current Registered Agent

FINAN, JAMES A. Thomas M. Downs
2115 COUNTRY CLUB ROAD 777 W. Hwy. A1A #201
MELBOURNE FL 32901 Indialantic, FL
32903

9. Name and Address of New Registered Agent

Name Thomas M. Downs
Street Address (P.O. Box Number is Not Acceptable) 777 W. Hwy. A1A #201
Suite, Apt. #, Etc. Indialantic, FL
City Indialantic, FL
State FL Zip Code 32903

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

Thomas M. Downs

REGISTERED AGENT MUST SIGN

Date 10/29/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Thomas M. Downs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Downs 10-29-97(467)725-3000

Date

Daytime Phone #

FILED

97 DEC 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97 (8)