

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 AM 8:01

DOCUMENT # N27037

1. Corporation Name

Dayspring Condominium Association, Inc.

2. Principal Office Address

213 Olmstead Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Zip

32780

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/21/88

5. FEI Number

59-2916808

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

Wallace Frodge

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

2323 Finch Avenue

Suite, Apt. #, Etc.

City

Titusville

State
FL

Zip Code

32796

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

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/D	Karen K. Galloway	6655 Avens Lane	Tallassee, TN 37878
S/T/D	Wallace Frodge	2323 Finch Ave	Titusville, FL 32796
D	Robert L. Keiper	773 Antilles Rd NE	Palm Bay, FL 32907

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 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: Karen K. Galloway, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/2002

Daytime Phone #

(865) 982-8916

CR2E081 (9/01)