

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -9 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 27037

1. Corporation Name

Dayspring Condominium Association, Inc.

W05-5227

2. Principal Office Address

2323 Finch Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2323 Finch Ave

Suite, Apt. #, etc.

City & State

Titusville

City & State

FL

Zip

32796

Country

USA

Zip

32796

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

6-21-1985

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

Alfred W. Buckley

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

660 River Moorings Dr.

Suite, Apt. #, Etc.

City

Merriott Island

State

FL

Zip Code

32953

500047550675

03/02/05--01007--016 **367.50

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

Alfred W. Buckley
REGISTERED AGENT MUST SIGN

Date 1-20-2005

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
D	Alfred W Buckley	660 River Moorings Dr.	Merriott Island FL 32953
D	Rick Dalton	2323 Finch Ave	Titusville FL 32796
D	DAVE ELMORE	985 Williamsburg Dr.	Titusville, FL 32780
D	LENNIE Williams	1911 Thesy Drive	Melbourne, FL 32940
D	KENNETH Polombi	321 CARMEL Drive	Melbourne, FL 32940

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2005 765-479-8045
Date Daytime Phone #

CR2E081 (01/05)