PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 94-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 29 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49337

1 Corporation Name

SUNTREE AREA BUSINESS ASSOCIATION, INC.
W98-14000

Principal Place of Business / Mailing Address

6767 N WICKHAM ROAD SUITE 400
MELBOURNE, FL. 32940

REINSTATEMENT 94-98

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
	906 WILLARD ST	6-10-92
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 302	5. FEI Number: 59 313 4340 — Applied For ☐ Not Applicable ☐
City & State	City & State COCOA	6 CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip 329.22-7998 / Country BREVARD	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P (D)	CHARINE LEWIS	6767 N WICKHAM Rd Ste 400	MELBOURNE, FL 32940
T (D)	ELIZABETH FINEBERG	2679 MOBILITY AVE	MELBOURNE FL 32955
VP (D)	YVES PENCHAT	6300 N WICKHAM RD	MELBOURNE FL 32940

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****481.25 ****481.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: MITCH GOLDMAN Street Address (P.O. Box Number is Not Acceptable): 96 WILLARD STREET Suite, Apt. #, Etc.: SUITE 302 City: COCOA — State: FL — Zip Code: 329.22-7998

CR2E040 (12/96)

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: Mitch Goldman — Date: 1-19-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Charine Lewis — 1-19-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARINE LEWIS