

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

NA4000001291

1. Corporation Name

DISCOVERY BAY HOMEOWNERS ASSOCIATION
INC

2. Principal Office Address

601 MANATEE BAY DR.

3. Mailing Office Address

P.O. Box 939

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL

City & State

CAPE CANAVERAL FL.

Zip

32920

Country

U.S.A

Zip

32920

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 1995

5. FEI Number

59-3247077

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

Nancy K Montgomery

000004536880-0

-08/15/01--01088--001

****131.25 ****131.25

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

3425 Cherry Street

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

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

Nancy K Montgomery

REGISTERED AGENT MUST SIGN

Date 5/10/01

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
Pres.	William M. Young, 'D'	405 HOLMAN RD	CAPE CANAVERAL FL 32920
V.P.	Ralph R. Downing, 'D'	600 MANATEE BAY DR	CAPE CANAVERAL FL 32920
	Nancy K Montgomery 'D'	3425 Cherry Street	Cocoa, FL 32926

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:

William M. Young

William M. Young 5-10-01

Date

321-784-3425

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR