

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N95000001781

1. Corporation Name

**FOUNDATION PARK PROPERTY OWNERS ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

250 COMMUNITY COLLEGE PKWY
PALM BAY FL 32909
US

250 COMMUNITY COLLEGE PKWY
PALM BAY FL 32909
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32922

US

4. Date Incorporated or Qualified
To Do Business In Florida

04/14/1995

5. FEI Number

59-3325790

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 (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	4 City / State / Zip
CD	STEPHEN J. MCGEEHAN Robert Stuhlmiller	800-1500 CLEARLAKE RD 1800 Penn St - Suite 3	COCOA FL 32922 Melbourne, FL 32901
D	EUGENE O. JOHNSON Miriam E. Martinez	1025 W. Nasa Blvd., MS 300	MELBOURNE FL 32919
D	MEL BROOM	760 Monclair Rd, NE	Palm Bay, FL 32905
D	HANK SIMON	1153 Malabar Rd., SE	Palm Bay, FL 32907
D	MIKE WILLIAMS	2287 W. Eau Gallie Bly, Ste A	Melbourne, FL 32935

8. Name and Address of Current Registered Agent

JOE S. MATHENY
355 INDIAN RIVER AVE.
TITUSVILLE FL 32780

REINSTATEMENT

Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip

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

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

11-3-99 (407) 951-2618