


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 FEB 16 AM 10:02 700066393097 02/22/06--01036--027 **551.25 CR2E081 (12/05)	
DOCUMENT # N95000005821					
1. Corporation Name Dow Central Park Owners' Association, Inc.					
2. Principal Office Address 2455 New York St. Suite, Apt. #, etc.		3. Mailing Office Address 2455 New York St. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/08/1995	
City & State West Melbourne, FL		City & State West Melbourne, FL		5. FEI Number 593447650 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 32904	Country USA	Zip 32904	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Shirley Vandiver			
Street Address (P.O. Box Number is Not Acceptable) 2455 New York St.			
Suite, Apt. #, Etc.			
City West Melbourne		State FL	Zip Code 32904

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 Shirley Vandiver Date 2/13/06
 REGISTERED AGENT MUST SIGN

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
PD	Howard, Michael F	6921 Vicki Cir	West Melbourne, FL 32904
VD	Gensen, Edward	450 Stan Dr, Unit 18	West Melbourne, FL 32904
VD	Small, Richard	2368 Brookside Dr.	Indialantic, FL 32903
STD	Vandiver, Shirley	2455 New York St.	West Melbourne, FL 32904
DO	Vandiver, Claude	2455 New York St.	West Melbourne, FL 32904

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 contained in Chapter 119, 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.

Shirley Vandiver
SIGNATURE: Shirley Vandiver Date 2/13/06 321-724-2266
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #