

236.25

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

00 MAR -6 PM 4:14

DOCUMENT # N9600001843
ASSOCIATION
1. Corporation Name
OCEAN RIDGE HOMEOWNERS OF MELBOURNE BEACH, INC.

REINSTATEMENT 99-00

03/11/99 90182 004 \$60.25

2. Principal Office Address
272 SANIBEL WAY
Suite, Apt. #, etc.
City & State
MELBOURNE BEACH, FL.
Zip
32951
Country
BREVARD

3. Mailing Office Address
272 SANIBEL WAY
Suite, Apt. #, etc.
City & State
MELBOURNE BEACH, FL.
Zip
32951
Country
BREVARD

4. Date Incorporated or Qualified To Do Business in Florida 3/29/96
5. FEI Number 34-1831109 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 NEAL McCULLOH
Street Address (P.O. Box Number is Not Acceptable) 1065 MAITLAND CTR. COMMONS BLVD.
Suite, Apt. #, Etc.
City MAITLAND State FL Zip Code 32751

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 [Signature] Date 3/2/2000
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
DIR. PRES.	RICHARD A ROBBINS	272 SANIBEL WAY	MELB. BEACH, FL 32951
DIR.	ALAN BROADWELL	292 SANIBEL WAY	" " "
DIR.	VALERIE GAROFALO	293 SANIBEL WAY	" " "
DIR.	LARRY JEWEL	OCEAN RIDGE DR.	" " "
DIR.	RON McNALLY	SANIBEL WAY	" " "
TRES. SECT.	RUSH JARDINE	232 SANIBEL WAY	" " "
	NANCY HANEY	181 OCEAN RIDGE DRIVE	" " "

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] RICHARD A. ROBBINS Date 2/28/00 Daytime Phone # 407-726-8143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)