

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

not-for-profit

DOCUMENT # P06000143795

**1. Corporation Name**

The Village at Melbourne  
Condominium Association, Inc.

**2. Principal Office Address - No P.O. Box #**

3502 D'Avinci Way  
Suite, Apt. #, etc.

**3. Mailing Office Address**

3502 D'Avinci Way  
Suite, Apt. #, etc.

**City & State**

Melbourne, FL

**City & State**

Melbourne, FL

**Zip**

32901

**Country**

USA

**Zip**

32901

**Country**

U.S.A.

**7. Name and Address of Current Registered Agent**

Name Elena Manfredi

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

3502 D'Avinci Way

Suite, Apt. #, etc.

**City**

Melbourne

**State**

FL

**Zip Code**

32901

**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

Elena Manfredi  
REGISTERED AGENT MUST SIGN

Date 12/29/09

**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.	Amram Adar	18851 NE 29th Ave Aventura, FL 33180	
V Pres	Moshe Shemesh	18851 NE 29th Ave	Aventura, FL 33180
Sect.	Yareev Fsalsky	3502 D'Avinci Way	Melb, FL 32901

**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.

SIGNATURE:

Amram Adar Pres. 12/28/09 (321) 984-9033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 2 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000164083380  
02/02/10--01012--007 \*\*238.75

000164083380  
12/31/09--01032--001 \*\*61.25

REINSTATEMENT 09-10

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/15/06

**5. FEI Number**

75-3227740

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.