

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P93600024436

1. Corporation Name  
MOEN TRIANGLE ASSOCIATES OF  
MELBOURNE, INC.

Principal Place of Business Mailing Address  
58 SARNO ROAD  
MELBOURNE, FL. 32935

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -5 PM 3:36

REINSTATEMENT 99

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		4. Date Incorporated or Qualified To Do Business in Florida 3/29/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3170501	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	SUSAN P. BENTLEY	2358 SARNO RD	Melbourne, FL 32935

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-10/12/99--01055--018  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

Roger W Bentley  
2358 SARNO RD  
Melbourne, FL 32935

9. Name and Address of New Registered Agent

Name Roger W Bentley  
Street Address (P.O. Box Number is Not Acceptable)  
2358 SARNO RD.  
Suite, Apt. #, Etc.  
City Melbourne  
State FL Zip Code 32935

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 10-2-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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.

SUSAN P. BENTLEY PRESIDENT

SIGNATURE: Susan P Bentley President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-99 4072559370  
Date Daytime Phone #

CR2001 (12/96)