

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

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DOCUMENT # 766716

1. Corporation Name
Seabury Point Homeowner's Association

2. Principal Office Address
1690 Seabury Point Rd. NW

3. Mailing Office Address
1690 Seabury Point Rd. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Bay, FL

City & State
Palm Bay, FL

Zip
32907 Country
Brevard

Zip
32907 Country
Brevard

4. Date Incorporated or Qualified
To Do Business in Florida *01/26/1983*

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *00*

7. Name and Address of Current Registered Agent

Name
Gary B. Frese, Esq.

Street Address (P.O. Box Number is Not Acceptable)
930 S. Harbor City Blvd., Suite 505

Suite, Apt. #, Etc.
505

City
Melbourne

200003496962-4
-12/12/00-01046-014
*****306.25 ****306.25*

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 *[Signature]*

Date *November 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
<i>Pres./D</i>	<i>John C. Lee Voelkel</i>	<i>1651 Seabury Point Rd. N.W.</i>	<i>Palm Bay, FL 32907</i>
<i>Vice Pres./D</i>	<i>Warren Newman</i>	<i>1603 Seabury Point Rd. N.W.</i>	<i>Palm Bay, FL 32907</i>
<i>Sec./D</i> <i>Treas</i>	<i>Betty K. Harrison</i>	<i>1637 Seabury Point Rd N.W.</i>	<i>Palm Bay, FL 32907</i>
			AD

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]* *John C. Lee Voelkel, President* *10/31/00* *321-952-4422*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)