

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 720895

1. Corporation Name  
Beacon 21 Condominium Association, Inc.

SEP 15 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
1274 NE BUSINESS PARK PL  
Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable  
PO Box 65  
Suite, Apt. #, etc

4. Date Incorporated or Qualified To Do Business in Florida  
7/9/73

City & State  
Jensen Beach, FL  
Zip  
34957  
Country  
USA

City & State  
Jensen Beach, FL  
Zip  
34958  
Country  
USA

5. FEI Number  
59-1514577

Applied For  
Not Applicable

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

REINSTATEMENT 18-09

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.D.	CHARLES J. McLEOD	1511 NE 12TH TERRACE, FL10	Jensen Beach, FL 34957
V.P.D.	DANIEL ROSETTY	1511 NE 12TH TERRACE, F7	Jensen Beach, FL 34957
S.	GLORIA I. McLEOD	1511 NE 12TH TERRACE, FL6	Jensen Beach, FL 34957
T.D.	ELEANOR BACHAM	1511 NE 12TH TERRACE, F13	Jensen Beach, FL 34957
D.	VALENTINO WILLIAMS	1511 NE 12TH TERRACE, F5	Jensen Beach, FL 34957

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
LORRAINE H. FORTE  
Street Address (P.O. Box Numbers Not Acceptable)  
1274 NE BUSINESS PARK PLACE  
State, Apt. #, Etc  
City  
Jensen Beach State FL Zip Code 34957

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  
Lorraine H. Forte  
REGISTERED AGENT MUST SIGN

Date  
1/26/99

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

(See other side of form 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)(b), 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: Charles J. McLeod  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 561-334-8961  
Date Daytime Phone #

CR2E031 (12/98)