

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -9 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755428

1. Corporation Name
The Bel-Ra Condominium Association, Inc.

Principal Place of Business Mailing Address
111 Golden Gate Point 1622 Laurel Street
Sarasota, FL 34236 Sarasota, FL 34236

W 98000021408

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

2. New Principal Office Address, If Applicable
1622 Laurel Street
Suite, Apt. #, etc.

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

4. Date Incorporated or Qualified To Do Business in Florida 12/8/80

City & State
Sarasota, FL 34236

City & State

Zip Country
34236 USA

Zip Country

5. FEI Number Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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/S/T/D	Davidson Gigliotti	1622 Laurel Street	Sarasota, FL 34236
D	SUSAN G. FORD	1515 SO. FLAGLER DR.	WEST PALM BEACH, FL 33480
D	ELAINESUMMERS	1622 LAUREL ST.	SARASOTA, FL 34236

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REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Davidson Gigliotti
Street Address (P.O. Box Number is Not Acceptable)
1622 Laurel Street
Suite, Apt. #, Etc.
City
Sarasota
700002663357-1
-10/14/98
910.0FL

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
Davidson Gigliotti
REGISTERED AGENT MUST SIGN

Date 9/11/98

11. This corporation owes or has paid 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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVIDSON GIGLIOTTI, PRESIDENT

9/11/98
Date

(941) 952-1539
Daytime Phone #

CP2E040 1-98