

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 23 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47864

1. Corporation Name

BENTLEY WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 620308
OVIEDO FL 32762-0308
US

P.O. BOX 620308
OVIEDO FL 32762-0308
US



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

03/12/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3074391

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country Zip Country

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	4 City / State / Zip
D	LOPIARD, JOSEPH	485 ROCHESTER ST	OVIEDO FL 32765 <i>Remove Name</i>
T D	KAVENAGH, BRUCE <i>Jerry Moore</i>	720 ROCHESTER ST <i>620 Bentley St.</i>	OVIEDO FL 32765 <i>OVIEDO FL 32765</i>
T	THEIRAULT, SYLVIA	463 YORKSHIRE DR.	OVIEDO FL 32765
P	HOFFMAN, ROSEANN	563 YORKSHIRE DR	OVIEDO FL 32765
D	GONVIA, TYRENNA	523 YORKSHIRE DR	OVIEDO FL 32765
F+S	MCDANIEL, STEVEN	514 YORKSHIRE DR	OVIEDO FL 32765

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KAVENAGH, BRUCE~~
~~720 BENTLEY ST~~
~~OVIEDO FL 32765~~

Name *Steven McDaniel*
Street Address (P.O. Box Number is Not Acceptable) *514 Yorkshire Dr*
Suite, Apt. #, Etc. *OVIEDO, FL 32765*
City *OVIEDO* State *FL* Zip Code *32765*

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. or 617.0505, F.S.

Signature of Registered Agent

Steven McDaniel
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

500009639885
12/23/02--01063--004 **236.25
Date *10/24/02*

11. 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: *Roseann Hoffman*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-365-4009
Date *10/24/02*
Daytime Phone #

CFR2040 (8/02)