

APPLICATION  
FOR  
REINSTATEMENT



**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 19 AM 9: 04

DOCUMENT # N33299

OWNERS' ASSOCIATION AT NORTH BEACH VILLAGE, INC

Mailing Address

6250 HOLMES BLVD  
UNIT ~~40~~  
HOLMES BEACH FL 34217  
US

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/18/1989

5. FEI Number

65-0140063

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
DP	<del>GORSI, HENRY</del> COLLINS, R. RICHARD	0250 HOLMES BLVD #32 6250 HOLMES BLVD #40	HOLMES BEACH FL HOLMES BEACH, FL 34217
DV	PETT, NORMA W MCDONNELL, THOMAS	0250 HOLMES BLVD #68 6250 HOLMES BLVD #27	HOLMES BEACH FL HOLMES BEACH, FL 34217
DST	ARBANAS, RONALD J SCHREIER, JUDITH	0250 HOLMES BLVD. #44 6250 HOLMES BLVD #36	HOLMES BEACH FL HOLMES BEACH, FL 34217
			200002353482--7
			-11/20/97--01097--032
			****236.25 ****236.25

**8. Name and Address of Current Registered Agent**

ARBANAS, RONALD  
6250 HOLMES BLVD  
UNIT 44  
HOLMES BEACH FL 34217

**9. Name and Address of New Registered Agent**

Name **COLLINS, R. RICHARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**6250 HOLMES BLVD.**  
Suite, Apt. #, Etc.  
**UNIT 40**  
City  
**HOLMES BEACH**

State <b>FL</b>	Zip <b>3</b>
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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 11/13/91

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E040 (8/97)