

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 115655

1. Corporation Name

Bermuda House Association, Inc.

2. Principal Office Address - No P.O. Box #

328 N. Ocean Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

328 N. Ocean Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

7. Name and Address of Current Registered Agent

Name BAKALAR & ASSOCIATES, P.A.

Street Address (P.O. Box Number is Not Acceptable)

150 S. Pine Island Road

Suite, Apt. #, etc.

SUITE # 540

City

Plantation

State

FL

Zip Code

33324

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

Susan P. Bakal

Date

2/23/2010

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
Pres.	Stephen Bertelli	328 N. Ocean Blvd #707	Pompano Beach, Florida 33062
VP.	Jules Goodison	328 N. Ocean Blvd #801	Pompano Beach Florida 33062
Treas.	William Borowy	328 N. Ocean Blvd #1508	Pompano Beach Florida 33062
Sec.	Joan Sernaik	328 N. Ocean Blvd #607	Pompano Beach Florida 33062
Director	Rick Ciesla	328 N. Ocean Blvd #1256	Pompano Beach Florida 33062
Director	TOM SCALLAN	328 N. Ocean Blvd #103	Pompano Beach Florida 33062

10. E-mail Address: BermudaHouseAssoc@comcast.net

(To be used for future annual report notification)

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. I further certify 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:

William Borowy

Treasurer

2/19/10

(954) 981-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**M. MILLIGAN  
EXAMINER**

Daytime Phone #

**FILED**

10 FEB 25 PM 4:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

06-10

**REINSTATEMENT**

000170575710  
02/25/10--01037--031 \*\*490.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/3/08

5. FEI Number

591299274

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

MAR -2 2010

*Bermuda House*

ASSOCIATION, INC.

328 NORTH OCEAN BLVD.

POMPANO BEACH, FLORIDA 33062

PHONE 954-781-5522 FAX 954-781-8799

**OFFICERS FOR BERMUDA HOUSE ASSOCIATION, INC.**

**Document # 715655**

**Fei/Ein Number – 591299274**

**(ADDITIONAL DIRECTOR CANNOT LIST ON APPLICATION FORM)**

**STEVE SNIDER – DIRECTOR**

**328 N. Ocean Blvd # 501**

**Pompano Beach, Florida 33062**