PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 DEC 10 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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****603.75 ****603.75

DOCUMENT # 722520

1. Corporation Name
GARDENS OF BEACON SQUARE CONDOMINIUM #4, INC.

Principal Place of Business
4234 Stratford Drive
New Port Richey, FL 34652

Mailing Address
1700 McMullen Booth Rd #C-3
Clearwater, FL 33759

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

REINSTATEMENT 92-98

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 4/26/77

5. FEI Number 59-1134512 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Charles Sheehan	4368 Summerson Dr	New Port Richey, FL 34652
V/D	James Stager	4141 Hampton Dr	New Port Richey, FL 34652
S/T/D	Jeanne Wimberly	4334 Sunstate Dr	New Port Richey, FL 34652
D	Ruth La Flair	4361 Summerson Dr	New Port Richey, FL 34652
D	Peter Yacek	4411 Sunstate Dr	New Port Richey, FL 34652
D	Lee Stuart	4144 Stratford Dr	New Port Richey, FL 34652

8. Name and Address of Current Registered Agent

Bernard A. Leighton
1700 McMullen Booth Rd #C-3
Clearwater, FL 33759

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (1/98)

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 [signature] REGISTERED AGENT MUST SIGN — Date 12/7/98

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] Sec/Treas. 12/8/98 727 847-6951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeanne L. Wimberly, Secretary/Treasurer