

ATTACHMENT 10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723674

1. Corporation Name

BELMAR CONDOMINIUM ASSOCIATION INC.

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

419 NE 19 STREET

3. Mailing Office Address

419 NE 19 STREET

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33132

Country

USA

Zip

33132

Country

USA

7. Name and Address of Current Registered Agent

Name

JOSEPH GAVAGNI

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

419 NE 19 STREET

Suite, Apt. #, Etc.

402

City

MIAMI

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

Date 7/14/2009

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	JOSEPH GAVAGNI	419 NE 19 STREET	MIAMI, FL. 33132
VP	LEOPOLDO COLON	419 NE 19 STREET	MIAMI, FL 33132
TR	LOURDES HERRERO	419 NE 19 STREET	MIAMI, FL 33132
SEC	DIANA GLACCUM	419 NE 19 STREET	MIAMI, FL 33132
D	MARY BEHR	419 NE 19 STREET	MIAMI, FL 33132
D	GUILLERMO MUNOZ	1855 W 62 STREET	HIALEAH, FL 33012

10. 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 contained in Chapter 119, 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:

JOSEPH GAVAGNI President

7/14/2009

786-897-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 16 PM 2:27

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07/16/09--01043--001 **70.00

KS

REINSTATEMENT 2009

4. Date Incorporated or Qualified
To Do Business in Florida 19885. FEI Number
68-0578724

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.

Belmar Condominium
419 N.E. 19th Street
Miami, FL 33132

To Whom It May Concern:

I am president of Belmar condo association; we fired the old management company listed as keystone property management on our previous filing in 2008. The registered agent never notified us of her resignation or address change. Please re-instate our non-profit organization so we can be legal and updated with the state of Florida.

Best regards,



Joseph Gavagni
President
786-897-9270
joegavagni@yahoo.com

Included check for \$70.00

$$\begin{array}{r} \$61.25 \\ + 8.75 \\ \hline 70.00 \end{array}$$