

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747166

1. Corporation Name

Beach Villas of Treasure Island Condominium Association, Inc.

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

10280 Gulf Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

10280 Gulf Boulevard

Suite, Apt. #, etc.

City & State

Treasure Island, Florida

City & State

Treasure Island, Florida

Zip

33706

Country

U.S.

Zip

33706

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Richard A. Zacur, Esquire

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

5200 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33707

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 1/26/2010

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
DP	Joan Andrews	10280 Gulf Blvd., Unit 25	Treasure Island, FL 33706
DVP	David Rebele	6500 Sunset Way #318A	St. Pete Beach, FL 33706
DS	Carol Fattibene	11440-8th Street East	Treasure Island, FL 33706
DT	James Taylor	27185 Nanticoke Road	Salisbury, MD 21801
D	Janice Howell	10280 Gulf Blvd., Unit 23	Treasure Island, FL 33706
			22/2

10. E-mail Address: joaniec21@aol.com

(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:

Joan Andrews

1-26-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 29 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900167536769
01/29/10--01027--027 **796.25

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 5/14/79

5. FEI Number
592008519

☐ 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.