


2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2005 A.R.		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED JUL 22 AM 9:21 ST. AUGUSTINE, FLORIDA	
DOCUMENT # 751632 1. Corporation Name ST. AUGUSTINE BERR CIVIC ASSOCIATION					
2. Principal Office Address 2200 AIA S. Suite, Apt. #, etc.		3. Mailing Office Address 2200 AIA S. Suite, Apt. #, etc.		2005 A.R.	
City & State ST. AUGUSTINE FL		City & State ST. AUGUSTINE FL			
Zip 32080	Country ST. JOHNS	Zip 32080	Country ST. JOHNS	4. Date Incorporated or Qualified To Do Business in Florida 3/23/1980	
5. FEI Number 59-2574646				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name ROBERT SAMUELS					
Street Address (P.O. Box Number is Not Acceptable) 110 MICKLER BLVD.					
Suite, Apt. #, Etc.					
City ST. AUGUSTINE				State FL	Zip Code 32080
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 Robert Samuels				Date 7/10/05	
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		
P	ROBERT SAMUELS	110 MICKLER BLVD	ST. AUGUSTINE, FL 32080		
VP	STEVE MITHERZ	17 SEA OAKS DR.	ST. AUGUSTINE, FL 32080		
S	ANDREA SAMUELS	110 MICKLER BLVD	ST. AUGUSTINE, FL 32080		
T	PATRICIA GILL	218 B ST.	ST. AUGUSTINE, FL 32080		
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 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: Robert Samuels				Date 7/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 904-471-1686	

CR2E081 (01/05)