

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 95.00

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G57413**

1. Corporation Name

**BELLA VISTA ON THE PARK DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

~~830 BELLE VISTA CT. SOUTH  
STE H  
JUPITER FL 33477  
US~~

~~830 BELLE VISTA CT. SOUTH  
STE H  
JUPITER FL 33477  
US~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33477**

Country **USA**

Zip **33477**

Country **USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/30/1983**

5. FEI Number

**65-0088173**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PST	WUHRMAN, JERALD L.	154 COMMODORE DRIVE	JUPITER FL
DT	WUHRMAN, JERALD L.	154 COMMODORE DRIVE	JUPITER FL
VP	WUHRMAN, DOLORES M.	154 COMMODORE DRIVE	JUPITER FL
<del>VP</del>	<del>WUHRMAN, ROBERT M.</del>	<del>440 BELLA VISTA CT. N</del>	<del>JUPITER FL</del>
<del>VP</del>	<del>WUHRMAN, TERRENCE L.</del>	<del>440 BELLA VISTA COURT NORTH</del>	<del>JUPITER FL</del>

**800002384428--7**  
**-12/29/97--01071--012**  
**\*\*\*373.75 \*\*\*373.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WUHRMAN, JERALD L.**  
**154 COMMODORE DRIVE**  
**JUPITER FL 33477**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Jerald L. Wuhrman*

THE REGISTERED AGENT MUST SIGN

Date **December 12, 1997**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Jerald L. Wuhrman*  
*Jerald L. Wuhrman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dec. 12, 1997**  
Date  
**521--**  
**7472200**  
Daytime Phone #

**ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.**

**INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION**

- Block 1** The law requires the corporation to maintain on file with the Secretary of State the current address(es) of the corporation. The NAME of the corporation can be changed only by filing an amendment.
- Block 2** If the preprinted mailing address in Block 1 is incorrect, type or print the new mailing address in Block 2. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- Block 3** If the preprinted principal office address in Block 1 is incorrect, type or print new principal office address in Block 3.
- Block 4** If Block 4 is blank, enter the date of incorporation or qualification for this corporation.
- Block 5** If Block 5 is blank, complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" is indicated in Block 5, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this application or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6** Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7** If the preprinted information is incorrect, draw a line through the entire line of information and type or print the correct information in the space provided below each name in Block 7. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g., S/D, V/D, P/V/D. **A FLORIDA NONPROFIT CORPORATION MUST LIST AT LEAST 3 DIRECTORS; the letter "D" must appear beside the name and address of each director in the title portion.** Street addresses must be listed in Block 7. If your town does not have street addresses, enter your mailing address and N/A. NOTE: A director must be a natural person 18 years of age or older.
- Block 8** The law requires you to have a registered agent. If the preprinted information in Block 8 is incorrect, indicate the new registered agent and/or new address in Block 8.
- Block 9** Enter name of new registered agent and/or new address. (The registered office address must be a Florida street address.)
- Block 10** The designated registered agent must indicate familiarity with Section 607.0505, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 10. **ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT** in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Block 11** CHECK THE APPROPRIATE BOX. PLEASE DIRECT ALL INTANGIBLE TAX QUESTIONS TO THE DEPT. OF REVENUE BY CALLING 1-904-488-6800 AND PRESSING 3-4.
- Block 12** This report must be signed by an officer or a director of the corporation that is listed in Block 7 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

**FEES:** Reinstatement Fee  
Annual Report Fee  
Corporate Supplemental Fee  
(Profit Corporations only)

**NOTE:** ALL PROFIT CORPORATIONS APPLYING FOR REINSTATEMENT ON OR AFTER JANUARY 1, 1997, MUST CONTACT THE REINSTATEMENT SECTION AT (904) 487-6059 FOR APPROPRIATE INSTRUCTIONS. FEE INCREASE GOES INTO EFFECT JANUARY 1, 1997.

**Mailing Address:**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Courier Service Address:**

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Phone: 904-487-6059

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

\$175.00

\$ 61.25 (for each year due)

\$138.75 (for each year due 1992 forward)

585<sup>00</sup>

165

96

165

97

283

365<sup>00</sup>

per phone

disclosure

due to

different

address

per

being sent

to different

address

per