

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -5 PM 4:32

**DOCUMENT #**

N01000004367

**1. Corporation Name**

BEACON SQUARE AT BOCA PROPERTY OWNER'S ASSOCIATION, INC.

**2. Principal Office Address**

1545 N. Park Drive

**3. Mailing Office Address**

1545 N. Park Drive

**Suite, Apt. #, etc.**

Suite 104

**Suite, Apt. #, etc.**

Suite 104

**City & State**

Weston, FL

**City & State**

Weston, FL

**Zip**

33326

**Country**

USA

**Zip**

33326

**Country**

USA

**REINSTATEMENT**

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/21/01

**5. FEI Number**

59-3727412

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

David Ortiz

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

1545 N. Park Drive, Suite 104

**Suite, Apt. #, Etc.**

**City**

Weston.

**State**

FL

**Zip Code**

33326

**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 10/03/05

**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	David Ortiz	1545 N. Park Drive, #104	Weston, FL 33326
DVP	Harry Rosen	200 E. Broward Blvd., #1500	Ft. Lauderdale, FL 33301
DST	Peter Zoberg	1545 N. Park Drive, #104	Weston, FL 33326

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10/11/05--01066--013 \*\*236.25

**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:

SEE ATTACHED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Ortiz, President

2 of 2

City	Weston,	State	FL	Zip Code	33326
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Signature of Registered Agent \_\_\_\_\_ Date 10/03/05

REGISTERED AGENT MUST SIGN

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DVP	Harry Rosen	200 E. Broward Blvd., #1500	Ft. Lauderdale, FL 333
DST	Peter Zoberg	1545 N. Park Drive, #104	Weston, FL 33326

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Signature of Registered Agent \_\_\_\_\_

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® SIGNATURE:

7. Name and Address of Current Registered Agent

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

id Ortiz, President

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daytime Phone # David Ortiz, President

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