

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005970**

1. Corporation Name

BELLALAGO COMMUNITY ASSOCIATION, INC.

REINSTATEMENT 02-03

900015442709
04/08/03--01001--010 **297.50

2. Principal Office Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

12 FLOOR

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

P.O. Box 026000

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33102

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2001

5. FEI Number

65-1142973

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

GETMAN, DENNIS J. ESQ

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

201 ALHAMBRA CIRCLE, 12TH FL

Suite, Apt. #, Etc.

12 FLOOR

City

CORAL GABLES

State

FL

Zip Code

33134

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

Dennis J. Getman
REGISTERED AGENT MUST SIGN

Date **March 26, 2003**

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 D	GETMAN, DENNIS J.	201 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134
VTD	MCMURRY, CHARLES L.	201 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134
SD	KERRIGAN, JUANITA I.	201 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134

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:

Juanita I. Kerrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
Date

(905)442-7000
Daytime Phone #

gt 4/9