

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -8 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04041 W98-2460471

1. Corporation Name
BEVERLY BEACH SURFSIDE HOME
OWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
61 NAUTILUS DRIVE SAME
BEVERLY BEACH, FL
32136

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		4. Date Incorporated or Qualified To Do Business in Florida <u>7/5/84</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-2460471</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

94-98

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
PRES	JOHN M ^C DONALD	61 NAUTILUS DRIVE	BEVERLY BEACH, FL 32136
V.P.	HAZEL HOLT	46 NAUTILUS DRIVE	BEVERLY BEACH, FL 32136
SEC.	MARY GEMMELL	184 MONITOR DRIVE	BEVERLY BEACH, FL 32136
TREAS	JOYCE M ^C DONALD	61 NAUTILUS DRIVE	BEVERLY BEACH, FL 32136
D	Fredrick Foster	178 Monitor Dr.	Beverly Beach, Fl. 32136
D	WILLIAM Losey	129 Anchorage Drive	Beverly Beach, Fl 32136
D	John Griffith	17 Windward Drive	Beverly Beach, Fl. 32136

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name <u>BENJAMIN SAVY</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>2825 N OCEANSHORE BOULEVARD</u>
	Suite, Apt. #, Etc. <u>200002715992-8</u>
	City <u>BEVERLY BEACH</u> State <u>FL</u> Zip <u>32136</u>

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 [Signature] Date 11/24/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: John E. McDonald JOHN E. McDONALD 11/24/98 439-3681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)