

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

05 MAR 16 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 4148**

1. Corporation Name
Beekley Square Condominium Association, Inc

2. Principal Office Address
306 Bungalow Park Ave. S.

Suite, Apt. #, etc.
UNIT A

City & State
Tampa, FL

Zip
33609

Country
USA Hillsborough

3. Mailing Office Address
306 Bungalow Park Ave. S.

Suite, Apt. #, etc.
UNIT A

City & State
Tampa, FL

Zip
33609

Country
USA

REINSTATEMENT 99-05

4. Date Incorporated or Qualified To Do Business in Florida **7-12-84**

5. FEI Number **592545143** 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
Claire D. Apicella

Street Address (P.O. Box Number is Not Acceptable)
306 Bungalow Park Ave. S.

500048982555
03/23/05--01011--001 **12 6.25

Suite, Apt. #, Etc.
UNIT A

City
Tampa,

State
FL

Zip Code
33609

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
Claire D. Apicella

Date **2-23-05**

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	Claire D. Apicella	306 Bungalow Park Ave. S. UNIT A	Tampa, FL. 33609
V.P. / Treas.	Lisa Gould	306 Bungalow Park Ave. S. UNIT C	Tampa, FL 33609
Secy.	Mary Ann Crane	306 Bungalow Park Ave. S. UNIT D	Tampa, FL. 33609

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: **Claire D. Apicella** **Claire D. Apicella** **2-23-05** **(813) 886-0240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext. **242**

CR2E081 (01/05)