

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 JUN 19 PM 6:25

DOCUMENT # N05000003541

1. Corporation Name

Beacon Hill Condominium Association, Inc

2. Principal Office Address - No P.O. Box #

4600 SW 34th Street

3. Mailing Office Address

4600 SW 34th Street

Suite, Apt. #, etc.

#142081

Suite, Apt. #, etc.

#142081

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32608

Country

US

Zip

32608

Country

US

00034688710

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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Gideon Property Services

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

4600 SW 34th Street

Suite, Apt. #, Etc.

#142081

City

Gainesville

State

FL

Zip Code

32608

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

Audria Drayton
REGISTERED AGENT MUST SIGN

Date June 15, 2020

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	Kwanza Caffie	237 SE 16th Avenue, Unit 9	Gainesville, FL 32601
S/T	Kristan Smallwood	237 SE 16th Avenue, Unit 12	Gainesville, FL 32601
O	Audriana Latrice Drayton	4600 SW 34th Street #142081	Gainesville, FL 32608

JUN 19 2020

10. E-mail Address: *beaconhill@gideonpropertieservices.com*

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Audria Drayton

June 15, 2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #