

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Corporation Name
BEULAH CONDOMINIUM ASSOCIATION, INC. PHASE I

Principal Place of Business Mailing Address
4055 TAMiami TRAIL 4055 TAMiami TRAIL
PORT CHARLOTTE FL 33962 P.O. BOX 2351
US PORT CHARLOTTE FL 33952
US



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4456 TAMiami TRAIL Suite, Apt. #, etc. SUITE G City & State PORT CHARLOTTE, FL Zip 33980 Country US		3. New Mailing Office Address, If Applicable 4456 TAMiami TRAIL Suite, Apt. #, etc. SUITE G City & State PORT CHARLOTTE FL Zip 33980 Country US		4. Date Incorporated or Qualified To Do Business in Florida 07/28/1986	
5. FEI Number 59-2363441				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BAKER, SHIRLEY	22278 VICK ST 103	PT. CHARLOTTE FL
VD	FARRAR, LOREN	24 HAMPTON RD	BUCKHANNON WV 26201
TD	KIRK, PHIL	192 ISLAND POINT RD. 22278 VICK STR. # 107	NORTH PORT FL PORT CHARLOTTE, FL. 33980
D	BORGSTROM, CHARLES	316 COLDWAY DR	PUNTA GORDA FL
D	BALZI, PETER	12 SAVIN CT	STATEN ISLAND NY 10304
			PH 11/2

8. Name and Address of Current Registered Agent LENZNER, RICHARD W. 4055- TAMiami TRAIL PT. CHARLOTTE FL 33952		9. Name and Address of New Registered Agent Name LENZNER, RICHARD W. Street Address (P.O. Box Number is Not Acceptable) 4456 TAMiami TRAIL Suite, Apt. #, Etc. SUITE G City PORT CHARLOTTE State FL Zip Code 33980	
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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 Richard W. Lenzner - Registered Agent Date 11/2/99
REGISTERED AGENT MUST SIGN
RICHARD W. LENZNER

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., 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: Phil Kirk - D. TREASURER Date 11/4/99 241-613 1967
PHIL KIRK Daytime Phone #

CROSSROAD (8899)