

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 NOV -1 PM 11: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N18431**

1. Corporation Name

Bermuda Apartment Condominium Association, Inc.

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

16919 1st Street East

Suite, Apt. #, etc.

City & State

N. Redington Beach, FL.

Zip

33708

Country

USA

3. Mailing Office Address

3280-55a Tamiami Trail

Suite, Apt. #, etc.

247

City & State

Port Charlotte, FL.

Zip

33952

Country

USA

**REINSTATEMENT** CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1986

5. FEI Number

593072708

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  
Toby Starr

Street Address (P.O. Box Number is Not Acceptable)  
3280-55a Tamiami Trail

Suite, Apt. #, Etc.

247

City  
Port Charlotte, FL.

State  
FL

Zip Code  
33952

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/29/07

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	Pasquale Dicerbo	75 North Queen Street #2	Toronto, ON. M8Z 2C7
T	John Farrow	RR3 Owen Sound	ON. Canada N4K5N5
S	Joseph Janoscik	2167 Gordon Drive	Mississauga, ON. L5B 1S6

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11/01/07 01041 005 \*\*358.75

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN FARROW

Date

10/29/07

Daytime Phone #

727-612-6311