

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 NOV 10 PM 4:30

**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.

3. Mailing Office Address

16919 1st Street East

Suite, Apt. #, etc.

City & State

N. Redington Beach, FL

City & State

N. Redington Beach, FL

Zip

33708

Country

USA

Zip

33708

Country

USA

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

David J. Sockol, Esq., Sockol & Associates, P.A.

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

325 Fifth Street South

Suite, Apt. #, Etc.

City

Saint Petersburg

State

FL

Zip Code

33701

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

*David J. Sockol*

Date 11-02-2010

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	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

REINSTATEMENT

11/02/10

10. E-mail Address: sockolpa@sockol.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-2010

Date

Daytime Phone #