

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # N32469

1. Corporation Name

BERKELEY PLAZA TOWNHOUSE ASSOCIATION, INC.

W1-16929

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

59 Berkeley St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Zip

32937

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Timothy O. Cramer

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

49 Berkeley St

Suite, Apt. #, Etc.

City

Satellite Beach, FL

State

FL

Zip Code

32937

4. Date Incorporated or Qualified

To Do Business in Florida 05/24/1989

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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

04/15/10

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	Marc Nitti	55 Berkeley St	Satellite Beach, FL
V	Anna Luca	51 Berkeley St	Satellite Beach, FL
D	Timothy O. Cramer	49 Berkeley St	Satellite Beach, FL
D	John Genua	53 Berkeley st	Satellite Beach, FL
D	Samuel Esposito	53 Berkeley st	Satellite Beach, FL
D	Susan Golding	57 Berkeley St	Satellite Beach, FL

10. E-mail Address: tcramer504@aol.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

Timothy O. Cramer, ST 03/30/10 407-312-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

M. MILLIGAN
EXAMINER

FILED

10 APR 19 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000177069120
04/22/10--01029--002 **245.00

REINSTATEMENT

CR2E081 (11/09)

07-10

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

ADDITIONAL
DIRECTORS

DOCUMENT #

1. Corporation Name

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

☒ 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

Date

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
ST	Nancy Rothbauer	59 Berkeley st	Satellite Beach, FL
D	Justin Alderfer	61 Berkeley St	Satellite Beach, FL
D	Susan Gant	63 Berkeley st	Satellite Beach, FL
D	Thomas Atkinson	65 Berkeley st	Satellite Beach, FL

10. E-mail Address: tcramer504@aol.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:

Timothy O. Cramer, ST 03/30/10 407-312-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #