PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Winds Va

	وان												
REINSTATEMENT						A DEPARTMENT OF STATE Secretary of State Vision of Corporations			10 APR 19 PM 1:01				
DOCUMENT # . N32469 1. Corporation Name									ALLAHASSEE, FLORIDA				
BERKELEY PLAZA TOWNHOUSE ASSOCIATION, INC.									000177069120 04/22/1001029002 **245.00				
W1-16929													
						Office Address			REINSTATEMENT				
Suite, Apt. #, etc. Suite, Ap					#, etc.			4.	4. Date incorporated or Qualified				
City & State City & State									To Do Business in Florida 05/24/1989 5. FEI Number Applied For				
Zip	Satellite Beach, FL				Zip Country			- 6.	✓ Not Applicable				
3293	937 USA								CERTIFICATE OF STATUS DESIRED				
Name		7. Nam	e and Address o	Current Regi	stered Agen	it		┨╻	-				
	Timothy O. Cramer								☑ 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				
Street Address (P.O. Box Number is Not Acceptable) 49 Berkeley St								1					
Suite, Apt. #, Etc.													
City State Zip Code Satellite Beach, FL 32937								fee be waived.					
8. I, being	g appointed the	registere	d agent of the abo	e named corp	oration and	amiliar 1	with and accept the o	obligation	ons of secti	on 607.0505 or 617.0503, F.S.			
	Signature of Registered Agent REGISTERED AGENT MUST SIGN												
9. Name	s and Street Ad	dresses c	of Sach Officer and	or Director (Fl	orida nonprof	fit corpo	orations must list at le	east 3 d	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			
<u>D_</u>	Timothy O. Cramer				49 Berkeley St					Satellite Beach, FL			
D	John Genua				53 Berkeley st					Satellite Beach, FL			
D	Samuel Esposito				53 Berkeley st			t		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 filling 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 Date District Printed Name OF SIGNING OFFICER OR DIRECTOR Date District Printed Name OF SIGNING OFFICER OR DIRECTOR Date District Printed Name OF SIGNING OFFICER OR DIRECTOR Date District Printed Name OF SIGNING OFFICER OR DIRECTOR Date District Printed Name OF SIGNING OFFICER OR DIRECTOR District Printed Name OF SIGNING OFFICER OR DIRECTOR District Printed Name OF SIGNING OFFICER OR DIRECTOR District Printed Name OFFICER OR DIRECTOR Dis													
			NONATURE AND P	- LO OKTKIN ()	EU NAME OF	SIGNINE.	OFFICER OR DIRECT	I UK		Date Dayane Promis			

SIGNATURE:

32 J. E.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT	Secr	PARTMENT OF retary of State	•				
DOCU 1. Corpora	JMENT # ation Name		ADDITIONAL DIRECTORS					
2. Princips	al Office Address - No P.O. Box#	3. Mailing Office A	CR2E081 (11/09)					
Suite, Apt. f	t, etc.	Suite, Apt. #. etc.			Date Incorporated or Qualified			
City & State	4	City & State	<u> </u>		To Do Business in Florida			
City or Diano	•	Ony a State			5. FEI Number Applied For ✓ Not Applicat			
Zip	Country	Zip	Country		6. CERTIFICATE			
	7. Name and Address of	f Current Registered	d Agent					
Name				-	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			
Street Add	dress (P.O. Box Number is Not Acceptable))						
Suite, Apt.	#, Etc.							
City	,		State Z	Zip Code	fee be waived.			
City			FL	ар ооче				
8. I, being	appointed the registered agent of the abor	ve named corporation	n, am familiar with an	d accept the ob	ligations of section	on 607.0505 or 617.0503, F.S.		
Signature o	Agent			Date				
		EGISTERED AGENT I			· - »			
	s and Street Addresses of Each Officer and Name of	I/or Director (Florida n		s must list at lea ddress of Each	ist 3 directors)	City / State /		
Titles	Officers and/or Directors		Officer a	and/or Director		City / State / Zip		
3,7	Nancy Rothba	uer 59	9 Berkele	ey st		Satellite Beach, FL		
D	Justin Alderfer	6′	1 Berkel	ey St		Satellite Beach, FL		
D	Susan Gant	63	3 Berkele	ey st		Satellite Beach, FL		
D	Thomas Atkinso	n 6!	65 Berkeley st			Satellite Beach, FL		
				<u> </u>				
^{10.} E-ma	nil Address: tcramer504@aol.c	om						
this rein owed by	that I am an officer or director or the receive statement application, the reason for dissol to the corporation have been paid. Litertities of inder oath.	itution has been elimin	nated, the corporate n	application as proname satisfies th	rovided for in cha he requirements o and accurate, and	of section 607.0401 or 617.0401.	F.S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Daytime Phone #