

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 33298

1. Corporation Name
NORTH BEACH VILLAGE I CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business Mailing Address
6250 HOLMES BLVD #27 6250 HOLMES BLVD #100
HOLMES BEACH, FL 34217 HOLMES BEACH FL 34217

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number 65-0081686	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	THOMAS McDONELL	6250 HOLMES BLVD #27	HOLMES BEACH, FL 34217
VD	WILLIAM SNYDER	6250 HOLMES BLVD #26	HOLMES BEACH, FL 34217
STD	DAVID BERRA	6250 HOLMES BLVD #21	HOLMES BEACH, FL 34217
			100002516601--7
			-05/08/98--01013--010
			****490.00 ****490.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name THOMAS McDONELL	
Street Address (P.O. Box Number is Not Acceptable) 6250 HOLMES BLVD #27	
Suite, Apt. #, Etc.	
City HOLMES BEACH	State Zip Code FL 34217

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 *Thomas McDonnell*
REGISTERED AGENT MUST SIGN

Date 4/27/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Thomas McDonnell
THOMAS MCDONELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98
Date

941-779-2862
Daytime Phone #