PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 19 AM 9:04

DOCUMENT # N33299

1. Corporation Name

OWNERS' ASSOCIATION AT NORTH BEACH VILLAGE, INC

Principal Place of Business	Mailing Address
6250 HOLMES BLVD UNIT 40 HOLMES BEACH FL 34217 US	6250 HOLMES BLVD ~~UNIT 40~~ HOLMES BEACH FL 34217 US

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	UNIT 100
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/18/1989

5. FEI Number: 65-0140063 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	~~GORSI, HENRY~~ COLLINS, R. RICHARD	~~6250 HOLMES BLVD #32~~ 6250 HOLMES BLVD #40	~~HOLMES BEACH FL~~ HOLMES BEACH, FL 34217
DV	~~PETT, NORMA W~~ MCDONNELL, THOMAS	~~6250 HOLMES BLVD #68~~ 6250 HOLMES BLVD #27	~~HOLMES BEACH FL~~ HOLMES BEACH, FL 34217
DST	~~ARBANAS, RONALD J~~ SCHREIER, JUDITH	~~6250 HOLMES BLVD. #44~~ 6250 HOLMES BLVD #36	~~HOLMES BEACH FL~~ HOLMES BEACH, FL 34217
			200002353482--7 -11/20/97--01097--032 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~ARBANAS, RONALD~~
6250 HOLMES BLVD
UNIT 44
HOLMES BEACH FL 34217

9. Name and Address of New Registered Agent

Name: ~~R~~ COLLINS, R. RICHARD
Street Address (P.O. Box Number Is Not Acceptable): 6250 HOLMES BLVD.
Suite, Apt. #, Etc.: UNIT 40
City: HOLMES BEACH | State: FL | Zip Code: 34217

CR2E040 (8/97)

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: Richard Collins Date: 11/15/97
REGISTERED AGENT MUST SIGN

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: Richard Collins 11/15/97 941-778-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #