

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N34631

1. Corporation Name

BERRYHILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

860 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714

Mailing Address

860 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

389 Sterling Drive SE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

389 Sterling Dr., SE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business In Florida

10/10/1989

5. FEI Number

59-2975474

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	ANDERSON, DOTT Jorge Del Villar	304 STERLING DR 390 Sterling Dr., SE	WINTER HAVEN FL
TD	SCHEFF, BERGER Brenda Dustin	304 STERLING DR 389 Sterling Dr. SE	WINTER HAVEN FL
VD	HUGHEY, JOANNE Larry Powell	860 STATE ROAD 434 NORTH 411 Bigstaff Ct.	ALTAMONTE FL Winter Haven, FL.
SD	GOODMAN, WILLIAM Sherry Holloway	860 STATE ROAD 434 NORTH 504 Montgomery Place	ALTAMONTE SPRINGS FL Winter Haven, FL.
SD	GOLD, H. BOOTE	860 STATE ROAD 434 NORTH SUITE	ALTAMONTE SPRINGS FL
600002700026-8 -12/02/98-01036-007 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODMAN, LAUREN B 860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	Name JORGE DEL VILLAR Street Address (P.O. Box Number is Not Acceptable) 390 Sterling Drive Suite, Apt. #, Etc. City Winter Haven State FL Zip Code 33884
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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

**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/18/98

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: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98 941-324-6095  
Date Daytime Phone #

FILED

98 NOV 23 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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