

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

N38743

**1. Corporation Name**

Bellevue Business Park Condominium Association, Inc

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

2415 Bellevue Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

US

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

**7. Name and Address of Current Registered Agent**

Name

John A. Koberg

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

2415 Bellevue Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State  
FL

Zip Code

32114

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-23-07

**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	Mark Paterniti	2411 Bellevue Avenue	Daytona Beach, FL 32114
SK	John A. Koberg	2415 Bellevue Avenue	Daytona Beach, FL 32114
VA	Stuart Sargeant	2413 Bellevue Avenue	Daytona Beach, FL 32114

**10. 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 contained in Chapter 119, 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-07 386-258-5632

Date

Daytime Phone #

FILED

07 JUN -1 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/01/07--01004--020 \*\*1032.50

RECEIVED TALLAHASSEE, FLORIDA  
JUN 11 2007  
94-07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/21/90

**5. FEI Number**

593110570

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.