

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**

97 NOV 24 PM 3: 58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N41311**

1. Corporation Name

**NORTH BEACH VILLAGE III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6250 HOLMES BLVD.  
 UNIT 44  
 HOLMES BEACH FL 34217  
 US

6250 HOLMES BLVD.  
~~UNIT 44~~  
 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

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0233693

Not Applicable

Zip

Country

Zip

Country

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
PD	ARBANAS, RONALD	6250 HOLMES BLVD.	HOLMES BEACH FL 34217
DV	TOCE, GERALD F JR	6250 HOLMES BLVD.	HOLMES BEACH FL 34217
DST	SHERIDAN, LILLIAN	6250 HOLMES BLVD.	HOLMES BEACH FL 34217
			500002358045--4 -11/26/97-01084-006 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARBANAS, RONALD  
 6250 HOLMES BLVD. #44  
 HOLMES BEACH FL 34217

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Ronald Arbanas*  
 REGISTERED AGENT MUST SIGN

Date

11/15/97

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:

*Ronald Arbanas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/97

Date

941-778-2133

Daytime Phone #

CR2040 (8/97)