

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherin Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 APR 23 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N43079**

**1. Corporation Name**

Beacon Coast Investments Homeowners Association, Inc.

**2. Principal Office Address**

544 Pelican Bay Drive

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32119

Country

United States

**3. Mailing Office Address**

544 Pelican Bay Drive

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32119

Country

United States

**REINSTATEMENT**

92-01

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

4/22/91

**5. FEI Number**

59-3709681

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

300004163923-5

-05/09/01-01006-009

\*\*\*\*787.50 \*\*\*\*787.50

LS

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

REGISTERED AGENT MUST SIGN

Date 2/6/01

**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/T/D	Anthony Cirelli	544 Pelican Bay Drive	Daytona Beach, FL 32119
D	Theresa Cirelli	12 Waterbury Circle	Ormond Beach, FL 32174
D	Emilio Cirelli	354 Pinewood Road	Ormond Beach, FL 32174

**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, that a 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

Daytime Phone #

CR2E081 (9/99)