

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47054

1. Corporation Name

Beach Villas of Deerfield Condominium Association, Inc.

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

1907 NE 2nd Street

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. Mailing Office Address

3000 South Ocean Blvd

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

000172905450
03/23/10--01022--006 **428.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 1/27/1992

5. FEI Number
650311876

☐ 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

Vittorio Galluzzo

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

1907 NE 2nd Street

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

☒ 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.

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

Vittorio Galluzzo
REGISTERED AGENT MUST SIGN

Date 3/18/2010

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	Vittorio Galluzzo	3000 South Ocean Blvd	Boca Raton, FL 33432
VP	Vittorio Giovanni Galluzzo, Jr.	1907 NE 2nd Street, Apt. 9	Deerfield Beach, FL 33441
S	Emilie Martin	7435 NW 65th Lane	Parkland, FL 33067

REINSTATEMENT

3/24/10
04-10

10. E-mail Address: rmurdoch@bdblaw.com } akeller@bdblaw.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Vittorio Galluzzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/2010

Daytime Phone #