

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -8 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49317

1. Corporation Name

Bermuda Village Homeowners Association, Inc

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

Prime Management

Suite, Apt. #, etc.

16300 Park of Commerce Blvd

City & State

Boca Raton, FL

Zip 33487

Country

USA

3. Mailing Office Address

Prime Management

Suite, Apt. #, etc.

16300 Park of Commerce Blvd

City & State

Boca Raton, FL

Zip 33487

Country

USA

REINSTATEMENT 07-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1992

5. FEI Number

1650417469

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

Sachs & Sax & Louis Caplan

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

301 Yamato Road Suite 4150

Suite, Apt. #, Etc.

City Boca Raton

State FL

Zip Code 33431

☐ 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

REGISTERED AGENT MUST SIGN

Date 3/3/08

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
<u>P</u>	<u>Howard Shmerder</u>	<u>17180 Bermuda Village Dr.</u>	<u>Boca Raton, FL 33487</u>
<u>VP/S</u>	<u>Frank Benasutti</u>	<u>17173 Bermuda Village Dr.</u>	<u>Boca Raton, FL 33487</u>
<u>T</u>	<u>Jon Klein</u>	<u>17233 Bermuda Village Dr.</u>	<u>Boca Raton, FL 33487</u>
<u>D</u>	<u>Laurie Glover</u>	<u>17192 Bermuda Village Dr.</u>	<u>Boca Raton, FL 33487</u>
	<u>m4/8</u>		
600122582286 04/08/08--01020--002 **236.25 04/30/07 90431 001 \$61.25			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/08

Daytime Phone #