

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 JAN 26 PM 8:11

SECRET
TALLAHASSEE, FLORIDA

800087356418

02/05/07--01010--011 **910.00

CR2E081 (12/05)

DOCUMENT # N93000002788

1. Corporation Name

BEVERLY HARBORS HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

1012 W. Main Street

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

US

3. Mailing Office Address

1012 W. Main Street

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

US

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

06/22/1993

5. FEI Number

593195559

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

DAVID PRUETT

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

D. A. PRUETT PROPERTIES, 1012 W. Main Street

Suite, Apt. #, Etc.

City

Leesburg,

State

FL

Zip Code

34748

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 1-23-07

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, D	RONALD NOWAK	1406 Regency Ct.	Leesburg, FL 34748
VP, D	EDWARD SCROGGIN	1402 Regency Ct.	Leesburg, FL 34748
S/T, D	JUDITH NOWAK	1406 Regency Ct.	Leesburg, FL 34748

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
Ronald Nowak, President

1-23-07 352-319-6840

Date

Daytime Phone #