

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004436

1. Corporation Name

Berkley Pointe Homeowners Association INC.

~~W07-55089~~

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

619 Berkley Pointe Pl.
Suite, Apt. #, etc.

3. Mailing Office Address

619 Berkley Pointe Pl.
Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Auburndale, FL

Zip

33823

Country

USA

Zip

33823

Country

USA

7. Name and Address of Current Registered Agent

Name

Jerry Sheffield

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

619 Berkley Pointe Pl.

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/31/07

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
President	Jerry Sheffield	619 Berkley Pointe Pl	Auburndale, FL 33823
V.Pres.	Gorey Edmunds	606 Berkley Pointe PL	Auburndale, FL 33823
Treas.	Randy Bevonds	630 Berkley Pointe PL	Auburndale, FL 33823

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

President/Director Jerry Sheffield

Date

10/31/07

Daytime Phone #

863-412-5702

FILED

07 NOV 20 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/20/07--01017--024 **428.75

REINSTATEMENT

04-07

CR2E08 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

59-3495778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.