

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000004103

1. Corporation Name
Bethel Oaks Townhomes Homeowners
ASSOCIATION, INC.

FILED
13 JAN 29 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #
461 SW QUAIL RIDGE CT
Suite, Apt. #, etc.

3. Mailing Office Address
461 SW QUAIL RIDGE CT
Suite, Apt. #, etc.

City & State
LAKE CITY, FL

City & State
LAKE CITY, FL

Zip Country
32024-0476 US

Zip Country
32024-0476 US

4. Date Incorporated or Qualified
To Do Business in Florida
JULY 7, 1999

5. FET Number
59-3590532 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED YES NO
\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SAM DUNCAN
Street Address (P.O. Box Number is Not Acceptable)
461 SW QUAIL RIDGE COURT
Suite, Apt. #, Etc.
City
LAKE CITY State
FL Zip Code
320240476

400244144074
01/29/13-01019-005 **551.25

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 Sam Duncan Date 1/24/13
REGISTERED AGENT MUST SIGN

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	<u>ZSOLT KERESZTI</u>	<u>4831 Bethel Creek Drive</u>	<u>VERO BEACH, FL 32963</u>
T	<u>SAM DUNCAN</u>	<u>4821 Bethel Creek Drive</u>	<u>VERO BEACH FL 32963</u>
S	<u>JANINE DRNDAK</u>	<u>4823 Bethel Creek Drive</u>	<u>VERO BEACH, FL 32963</u>
			FEB 01 2013
			T. SCOTT

10. E-mail Address: SAMDUNCAN818@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Sam Duncan Treasurer Date 1-24-13 Daytime Phone # 386-288-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

175 + 112001 - \$ - 112.50 = 151.25