


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <p>APPLICATION FOR REINSTATEMENT</p> |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | <p>FILED</p> <p>96 NOV 18 PM 1:46</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>800002011588--9 -11/21/96--01089--032 ****297.50 ****297.50</p> <p>REINSTATEMENT <i>05-96</i></p> | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|-----------------------------------|---|--------------------|----|-----------------|-----------------|--------------------------------------|----|----------------|--------------------------------------|----|-----------|--|---|--------------|--------------------------------------|----|---------------|------------------|
| <p>DOCUMENT # 714858</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Corporation Name BAY PORTE CONDOMINIUM ASSOCIATION INC</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Principal Place of Business</p> <p>1501 BAYVIEW DR FORT LAUDERDALE FL 33304</p> | <p>Mailing Address</p> <p>SAME</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p> | | <p>DO NOT WRITE IN THIS SPACE</p> | | | | | | | | | | | | | | | | | | | | |
| <p>2. New Principal Office Address, if Applicable</p> <p>SAME AS ABOVE 401201</p> <p>Suite, Apt., etc. 201</p> <p>City & State FT LAUD FL</p> <p>Zip 33304 Country SAME</p> | <p>3. New Mailing Address, if Applicable</p> <p>T. CONSALVO SAME</p> <p>Suite, Apt., etc. 201</p> <p>City & State SAME AS ABOVE</p> <p>Zip 33304 Country SAME</p> | <p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>1/24/74</p> <p>5. FEI Number J.D. TAX 65-0037073</p> <p>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/> <small>See Instructions</small></p> | | | | | | | | | | | | | | | | | | | | |
| <p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:40%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>THOMAS CONSALVO</td> <td>1501 Bayview Dr</td> <td rowspan="5" style="vertical-align: middle; text-align: center;">1501 Bayview Dr FT, LAUD FL 33304</td> </tr> <tr> <td>VD</td> <td>KENA OFFENTDER</td> <td>1501 Bayview Dr FT, LAUD FL 33304</td> </tr> <tr> <td>TD</td> <td>TOM JONES</td> <td>501 Bayview Dr 1501 FT, LAUD FL 33304</td> </tr> <tr> <td>D</td> <td>JOHN BLANDIN</td> <td>1501 Bayview Dr. FT, LAUD FL. FL.</td> </tr> <tr> <td>SD</td> <td>FORSTER RAINS</td> <td>1501 Bayview Dr.</td> </tr> </tbody> </table> | | | Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | PD | THOMAS CONSALVO | 1501 Bayview Dr | 1501 Bayview Dr FT, LAUD FL 33304 | VD | KENA OFFENTDER | 1501 Bayview Dr FT, LAUD FL 33304 | TD | TOM JONES | 501 Bayview Dr 1501 FT, LAUD FL 33304 | D | JOHN BLANDIN | 1501 Bayview Dr. FT, LAUD FL. FL. | SD | FORSTER RAINS | 1501 Bayview Dr. |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | | | | | | | | | | | | | | | | | | |
| PD | THOMAS CONSALVO | 1501 Bayview Dr | 1501 Bayview Dr FT, LAUD FL 33304 | | | | | | | | | | | | | | | | | | | |
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| SD | FORSTER RAINS | 1501 Bayview Dr. | | | | | | | | | | | | | | | | | | | | |
| <p>8. Name and Address of Current Registered Agent</p> <p>RUTH STEVENS 1501 Bayview Dr. FT LAUD FL 33304</p> | | <p>9. Name and Address of New Registered Agent</p> <p>Name RUTH STEVENS</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1501 Bayview Dr apt 104</p> <p>Suite, Apt., Etc. FT, Lauderdale</p> <p>City FT, Lauderdale, FL 33304 State FL Zip Code 33301</p> | | | | | | | | | | | | | | | | | | | | |
| <p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u><i>Ruth Stevens</i></u> Date _____</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>SIGNATURE: <u><i>Thomas Consalvo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p>Date _____ Daytime Phone # _____</p> | | | | | | | | | | | | | | | | | | | | | | |

CFR2040 (12/95)