

see Roll #2-1624

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 1:46

DOCUMENT # 714858

BAYPORTE CONDOMINIUM ASSOCIATION INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800002011588--9
-11/21/96--01089--032
****297.50 ****297.50

REINSTATEMENT 95-96

1501 Bayview Dr
Fort Lauderdale FL 33304

PLEASE PRINT OR TYPE (Do NOT use Post Office Box Numbers)
1. Home Mailing Address, if Applicable
2. New Mailing Address, if Applicable
3. Same as Above apt 201 T. Consalvo SAME
4. City & State
5. Zip
6. City & State
7. Zip
8. City & State
9. Zip

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida 1/24/74
5. FEI Number I.D. TAX 65-0037083
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City State Zip
P.D. THOMAS CONSALVO	1501 Bayview Dr	FT, Land FL 33304
V.D. KENA OFFENDER	1501 Bayview Dr	FT, Land FL 33304
T.D. TOM JONES	Bayview Dr 1501	FT Land FL 33304
D. JOHN BLANDIN	1501 Bayview Dr	FT, Land FL 33304
S.D. FORSTER RAINS	1501 Bayview Dr	FT, Land FL 33304

8. Name and Address of Current Registered Agent
RUTH STEVENS
1501 Bayview Dr.
FT Land FL 33304

9. Name and Address of Now Registered Agent
Name: RUTH STEVENS
Street Address (P.O. Box Number is Not Acceptable): 1501 Bayview Dr apt 104
City: FT, Lauderdale FL 33304
State: FL Zip Code: 33301

I am familiar with and accept the obligations of Section 607.0505, F.S.
Registered Agent: Ruth Stevens Date: _____

11 Does this corporation pay any intangible tax to the Dept of Revenue under S. 199.032, Florida Statutes. Yes No

I 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 further certify that when filing this 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 to 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 by me.

SIGNATURE: Thomas Consalvo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E040 (12-95)