

INSTRUCTIONS BEFORE COMPLETING THIS FORM. 297.50

APPLICATION FOR REINSTATEMENT



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

FILED

97 MAY 23 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 735608

1. Corporation Name

BAY ISLES ASSOCIATION, INC

^{Mailing}
C/O JMC + SON PROPERTY MANAGEMENT
3174 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

000002199320--9
-06/03/97-01033-005
****297.50 ****297.50

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---------------------------------------|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1/97 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-1695122 | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | \$8.75 Additional Fee required for a Certificate of Status | |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|-------------------------------------|---|------------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
| P/D | Julian Dorf | 2195 HARBOURSIDE DRIVE | LONGBOAT KEY, FL 34229 |
| V/P/D | WALTER SEWATKA, | 3555 Mistletoe LN | LONGBOAT KEY, FL 34228 |
| S/D | Jerry Mathis | 617 Weston Pointe Ct. | LONGBOAT KEY, FL 34229 |
| T/D | MURRAY GOLDBERG | 3502 Mistletoe LN | LONGBOAT KEY, FL |

REINSTATEMENT 96-9700

| | | | |
|--|--|--|----------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| Beth CALLANS C/O JMC + SON PROPERTY MANAGEMENT 3174 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State Zip Code |
| | | | FL |

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.

Signature of Registered Agent: Beth Callans REGISTERED AGENT MUST SIGN Date: 1-17-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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.

SIGNATURE: X Melinda Dorf Pres. 2/11/97 941-383-3130