

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 755815

1. Corporation Name  
BAY VIEW VILLAS, A CONDOMINIUM  
Association, Inc.

2. Principal Office Address  
P.O. BOX 764  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. BOX 764  
Suite, Apt. #, etc.

REINSTATEMENT 85-D1

City & State FLORIDA  
INDIAN ROCKS BEACH  
Zip 33785 Country USA

City & State INDIAN ROCKS  
BEACH, FL  
Zip 33785 Country

4. Date Incorporated or Qualified  
To Do Business in Florida 1980

5. FEI Number 592577989  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Connie S. Owens 600003851236-8  
-03/13/01--01106--007  
\*\*\*1216.25 \*\*\*1216.25

Street Address (P.O. Box Number is Not Acceptable)  
19807 GOLF BLVD #107 600003851236-8  
-03/13/01--01106--008  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

Suite, Apt. #, Etc.

City Indian Shores State FL Zip Code 33785

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 *Connie S. Owens* Date 3/6/01  
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	DIRECTOR CONNIE OWENS	19807 GOLF BLVD. #107	INDIAN SHORES, FL 33785
S	DIRECTOR BARBARA WURDEMAN	19807 GOLF BLVD. #110	INDIAN SHORES FL 33785
T	DIRECTOR ROBERT RIDENOUR	19807 GOLF BLVD #102	INDIAN SHORES FL 33785
	DIRECTOR JOSEPH BARKER	19807 GOLF BLVD #111	INDIAN SHORES FL 33785
	DIRECTOR BILLYE BOWMAN	19807 GOLF BLVD #124	INDIAN SHORES FL 33785

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 under section 119.07(3)(i), 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 *Connie S. Owens* Date 3/6/01 Daytime Phone # 593-1584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)