

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR -2 A 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/02/09--01037--028 **253.75

CR2E081 (12/08)

DOCUMENT # 755815

1. Corporation Name
**BAY VIEW VILLAS
CONDOMINIUM ASSOCIATION, INC**

2. Principal Office Address - No P.O. Box # **19807 GULF BLVD**
3. Mailing Office Address **19823 GULF BLVD**

Suite, Apt. #, etc. **107** Suite, Apt. #, etc. **C**

City & State **INDIAN SHORES, FL** City & State **INDIAN SHORES, FL**

Zip **33785** Country **USA** Zip **33785** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number **59-2577989** 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 OWENS**
Street Address (P.O. Box Number is Not Acceptable) **19807 GULF BLVD**
Suite, Apt. #, Etc. **107**
City **INDIAN SHORES** State **FL** Zip Code **33785**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date **3/29/09**
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 | CONNIE OWENS | 19807 GULF BLVD #107 | INDIAN SHORES, FL 33785 |
| VP | BARBARA WURDEMAN | 19807 GULF BLVD #110 | INDIAN SHORES, FL 33785 |
| T | GILLIE BOWMAN | 19807 GULF BLVD #124 | INDIAN SHORES, FL 33785 |
| S | JOE WOSTOWICZ | 3 THOMAS TRAIL | MORRISTOWN, NJ 07960 |
| | | | |
| | | | |

REINSTATEMENT 06-09

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 contained in Chapter 119, 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: Date **3/28/09** 227-5431881