

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

98 NOV 19 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768890**

1. Corporation Name

**THE BAY VISTA ESTATES HOMEOWNERS' ASSOCIATION,
INC.**

Principal Place of Business

Mailing Address

P O BOX 22305
LAKE BUENA VISTA FL 32830

P O BOX 22305
LAKE BUENA VISTA FL 32830

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1983

5. FEI Number

59-2364955

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
STD	BUCCINO, ANTHONY A	8638 VISTA PINE COURT	ORLANDO FL -12/01/98-01089--029 ****245.00 ****245.00
STD	COUNSELL, RONALD L	9494 BAYSHORE EASTATES BLVD.	ORLANDO FL
DVP	WRIGHT, THOMAS D	8663 NICOLEWOOD COURT	ORLANDO FL
REINSTATEMENT 98 11/23/98 B 11/23/98			

8. Name and Address of Current Registered Agent

WRIGHT, THOMAS D
8663 NICOLEWOOD COURT
ORLANDO FL 32836

9. Name and Address of New Registered Agent

Name **ANTHONY A BUCCINO**
Street Address (P.O. Box Number is Not Acceptable)
8638 VISTA PINE CT
Suite, Apt. #, Etc.
City **ORLANDO** State **FL** Zip Code **32836**

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

Anthony A Buccino
REGISTERED AGENT MUST SIGN

Date **11-15-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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:

Anthony A Buccino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-98
Date

407-352-2210
Daytime Phone #

CR2E040 (8/98)