

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 29 PM 2:33

DOCUMENT # N02000002953

**1. Corporation Name**

Waterside V at Bay Beach Condominium Assn, Inc.

REINSTATEMENT 04

**2. Principal Office Address**  
P.O. Box 308

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers Beach, FL

City & State

Zip  
33931

Country  
USA

Zip

Country

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

**5. FEI Number**

57-1144015

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

11/12/04 01053 001 \$61.25

**7. Name and Address of Current Registered Agent**

Name

Richard D. DeBoest II, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1415 Hendry Street

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33901

**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

*[Signature]*

Date

11/10/2004

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
Pres	Richard Piltz	E-5116 Linden Blvd.	Eleva, WI 54738
V.P.	Jennifer Edwards	4137 Bay Beach Lane, #543	Ft. Myers Beach, FL 33931
Treas	Ki-Han Kim	4137 Bay Beach Lane, #551	Ft. Myers Beach, FL 33931
Sec.	Eddie Hawks	4137 Bay Beach Lane, #525	Ft. Myers Beach, FL 33931
Dir.	Luther Lee	51 Deerhurst Park	Kenmore, NY 14217

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/04 765 4500

Date

Daytime Phone #

CR2E081 (01/04)