

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
OR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009612**

1. Corporation Name

BAYOU LANDINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1234 AIRPORT ROAD SUITE 215
DESTIN FL 32541

1234 AIRPORT ROAD SUITE 215
DESTIN FL 32541

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

REINSTATEMENT 03



900024767619

11/17/03--01109--030 **236.25

4. Date Incorporated or Qualified To Do Business in Florida

12/13/2002

5. FEI Number

51-0483313

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 | 4 City / State / Zip |
|---------------|--|---|-------------------------|
| DP | OLSON, RICHARD | 1234 AIRPORT ROAD SUITE 215 | DESTIN FL 32541 |
| DV | SCHAFFLER, TOM | 5170 SANDERLIN AVENUE SUITE 201 | MEMPHIS TN 38117 |
| D | DAN, TERRY | 8620 TRINITY ROAD SUITE 101 | CORDOVA TN 38018 |
| DST | ADAMS, WAYNE L | 1101 GULF BREEZE PARKWAY BOX 7 | GULF BREEZE FL 32561 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLSON, RICHARD
1234 AIRPORT ROAD SUITE 215
DESTIN FL 32541

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/8/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/14/03

CR2E040 (7/03)