

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO7000008081**

1. Corporation Name

**BAYFRONT LOFTS HOMEOWNERS
ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #

222 N. SPRING ST.

3. Mailing Office Address

222 N. SPRING ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

Zip

32502

Country

USA

Zip

32502

Country

USA

7. Name and Address of Current Registered Agent

Name

WILLIAM H. MITCHEM

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

BEGGS LANE, RLLP, 501 COMMENDENCIA STREET

Suite, Apt. #, Etc.

City

PENSACOLA, FLORIDA

State

FL

Zip Code

32502

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] **W. H. MITCHEM**

REGISTERED AGENT MUST SIGN

Date

3/8/10

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/T	ROBERT E. VAN SLYKE PRESIDENT/TREASURER	222 NORTH SPRING STREET	PENSACOLA, FLORIDA 32502
V	NANCY L. VAN SLYKE VICE - PRESIDENT	222 NORTH SPRING STREET	PENSACOLA, FLORIDA 32502
S	FRED BOURNE SECRETARY	1901 EAST AVERY STREET	PENSACOLA, FLORIDA 32503

10. E-mail Address: **bhoggie@aol.com**

(To be used for future annual report notification)

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. I further certify, 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]* **ROBERT E. VAN SLYKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-10 850-384-5718

Date

Daytime Phone #

FILED

10 MAR 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

100171754971

03/10/10--01028--026 **183.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 15, 2007

5. FEI Number

45-0578379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.