


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 22 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14294					
1. Corporation Name BAY HAMMOCK OWNERS' ASSOCIATION, INC.					
2. Principal Office Address 10 Flamingo Hammock Rd Suite, Apt. #, etc.			3. Mailing Office Address 10 Flamingo Hammock Rd Suite, Apt. #, etc.		
City & State Islamorada FL		City & State Islamorada, FL			
Zip 33036	Country USA	Zip 33036	Country USA		
4. Date incorporated or Qualified To Do Business in Florida April 9, 1986				5. FEI Number 59-2720630	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee (optional for all corporations)					

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent			
Name Christel Ryan		1000240003:31	
Street Address (P.O. Box Number is Not Acceptable) 10 Flamingo Hammock Road		10/22/03--01011--010 *122.50	
Suite, Apt. #, Etc.			
City Islamorada,		State FL	Zip Code 33036

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: Christel Ryan Date: 10-17-03

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	Dennis Ryan	10 Flamingo Hammock Rd	Islamorada, FL 33036
V	Ernie Ness	82 Cider Hill	Upper Saddle River, NJ 07458
S	Karen Ness	82 Cider Hill	Upper Saddle River, NJ 07458
T	Christel Ryan	10 Flamingo Hammock Rd.	Islamorada, FL 33036
D	Rick Moeller	6 Ironwood Lane	Islamorada, FL 33036

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)(f), 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: Christel Ryan C. RYAN Date: 10-17-03 305-481-2113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/27

Bay Hammock Owners' Association, Inc.
10 Flamingo Hammock Road
Islamorada, FL 33036
305-664-0737

October 16, 2003

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # N14294

Dear Sirs,

The mailing address for Bay Hammock Owners' Association, Inc. was listed incorrectly on your form, therefore we did not receive the renewals. Please consider our check in the amount of \$122.50 payment in full to re-instate our Corporation. Thank you.

Sincerely,


Christel Ryan