

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC -3 PM 12:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

N35255

1. Corporation Name

Bay Pine Shores, Home Owners Association Inc.

Principal Place of Business

Mailing Address

10 Carolynn Lane Santa Rosa Bch, FL 32459

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

2. New Principal Office Address, If Applicable

10 Carolynn Lane

3. New Mailing Office Address, If Applicable

10 Carolynn Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Bch, FL 32459

City & State

Santa Rosa Bch, FL

Zip

32459

Country

Walton

Zip

32459

Country

Walton

4. Date Incorporated or Qualified To Do Business in Florida

11-17-1989

5. FEI Number

59-3606076

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
P/D	John Carroll	72 Carolynn Lane	Santa Rosa Bch, FL 32459
VP/D	Chris Bushee	95 Bayou Road	Santa Rosa Bch, FL 32459
S/D	Carolynn Lane	10 Carolynn Lane	Santa Rosa Bch, FL 32459
T/D	Arvelle Carey	211 Pisces Drive	Santa Rosa Bch, FL 32459

REINSTATEMENT 9-99 1 TS

8. Name and Address of Current Registered Agent

**Chesley E Bowden Jr
 Rt 1, Box 65-16
 Santa Rosa Bch, FL 32459**

9. Name and Address of New Registered Agent

Name
Arvelle Carey
 Street Address (P.O. Box Number is Not Acceptable)
211 Pisces Drive
 Suite, Apt. #, Etc.
 City
Santa Rosa Bch State
FL Zip Code
32459

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

X Arvelle Carey

REGISTERED AGENT MUST SIGN

Date **November 2, 1999**

11. This corporation owes 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.

850-267-2525

SIGNATURE:

X Arvelle Carey

Arvelle Carey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 2, 1999 Phone #

CR2E01 (12/96)