PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -4 AM 9:24

DOCUMENT # **N48689**

1. Corporation Name

BAYSWATER CLOSE AT OLDE HYDE PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
919 S. ROME AVE TAMPA FL 33606	919 S. ROME AVE TAMPA FL 33606

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 919 S. Rome Ave #1
City & State	City & State Tampa, FL
Zip / Country	Zip 33606 / Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 04/30/1992

5. FEI Number: 59-3125583 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

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-12/13/01--01069--015
****236.25 ****236.25

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
PD	~~JOHN HESTER~~ Crabtree, Chad	~~919 S ROME AVE #4~~ 919 S. Rome Ave #10	TAMPA FL
SD	TUCKER, PAM	919 S ROME AVE #16	TAMPA FL
TD	~~PHILLIPS, CINDY~~ David Barkett	~~919 S. ROME AVE #5~~ 919 S. Rome Ave #1	TAMPA FL
VD	Parker Freedman	919 S. Rome Ave #3	Tampa, FL
D	Erika St. Jean	919 S. Rome Ave #11	Tampa, FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~FERGUSON, CYNTHIA~~ ~~919 S ROME AVE~~ ~~STE 6~~ ~~TAMPA FL 33606~~	Name: David Barkett Street Address (P.O. Box Number is Not Acceptable): 919 S. Rome Ave #1 Suite, Apt. #, Etc.: # City: Tampa State: FL Zip Code: 33606

CR2E040 (8/01)

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 _____ Date 10-27-01
REGISTERED AGENT MUST SIGN

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: _____ President 10/19/01 727-398-6740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #