

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

04 MAR 18 AM 8:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000015**

1. Corporation Name

BAYMEADOWS DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

BAYMEADOWS DEV HOA
 MELBOURNE FL 32941

P O BOX 410496
 MELBOURNE FL 32941

REINSTATEMENT 03-09



100030737301
 03/18/04--01062--004 **297.50

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/26/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3367251	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	WAVRA, JOHN	3315 CEDAR BAY DRIVE	MELBOURNE FL 32934
VPD	BLOOM, GERALD	3160 CEDAR BAY DRIVE	MELBOURNE FL 32934
TD	WICELINSKI, THOMAS	3170 CEDAR BAY DRIVE	MELBOURNE FL 32934
PD	WILSON, JIM	3693 KENTREL COURT	MELBOURNE, FL 32934
VPD	HEMSLER, JEANIE	3645 GRAM MEADOWS BLVD	MELBOURNE, FL 32934
TD	BLOOM, GERALD	3160 CEDAR BAY DRIVE	MELBOURNE, FL 32934

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEADLE, JAMES P ESQ 5205 BABCOCK STREET-NE PALM BAY FL 32905		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *Gerald M. Bloom* REGISTERED AGENT MUST SIGN Date: 1/13/04

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: *Gerald M. Bloom* GERALD M. BLOOM Date: 2/2/04 752-0542 Daytime Phone #

CR2E040 (7/03)