

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT #

097000006569

1. Corporation Name

Bay Arbor Property Owners Assoc., Inc

W000005950

2. Principal Office Address

4131 Gunn Highway

3. Mailing Office Address

4131 Gunn Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

Zip

33624

Country

**REINSTATEMENT**

9800

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3556627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Greenacre Properties, Inc.

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

4131 Gunn Highway

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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\*\*\*\*367.50 \*\*\*\*367.50

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

*Alicia Weigel*

REGISTERED AGENT MUST SIGN

Date

2/15/00

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
Pres. <input checked="" type="checkbox"/>	William E. Grant	4131 Gunn Highway	Tampa, FL 33624
Treas. / Sec. <input checked="" type="checkbox"/>	Robert Jesski	4131 Gunn Highway	Tampa, FL 33624
Vice Pres. <input checked="" type="checkbox"/>	Steven Thomas Herman	4131 Gunn Highway	Tampa, FL 33624

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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)(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:

*William E. Grant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000

Date

813 880 4663

Daytime Phone #

CR2E081 (9/99)