

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 18 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12132006 REIN-P CR2E098 (11/05)

DOCUMENT # P92000011239 1. Entity Name BAY AIRE R.V. PARK, INC.					
Principal Place of Business 2242 US ALTERNATE 19 PALM HARBOR, FL 34683			Mailing Address 2242 US ALTERNATE 19 PALM HARBOR, FL 34683		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3154890	
6. Name and Address of Current Registered Agent ROMANO, ANTHONY R 2200 GULFVIEW BLVD DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUNO, FRED 150 NYATT RD BARRINGTON, RI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082619252 12/18/06--01058--011 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MUSCHE, FRANK W 284 PLEASANT ST RUMFORD, RI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROMANO, ANTHONY R 2200 GULVIEW AVE DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date: <i>12/14/06</i> Daytime Phone #: <i>927-669-8006</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

X 12/19