

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 17 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18693**

1. Corporation Name

THE BAYSIDE MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

401 BISCAYNE BLVD
R-106
MIAMI FL 33132
US

401 BISCAYNE BLVD
R-106
MIAMI FL 33132
US

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2852253

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PEREZ, RAMON	401 BISCAYNE BLVD.	MIAMI FL 33132
SD	TERCILLA, RAUL D.	401 BISCAYNE BLVD.	MIAMI FL 33132
VD	HUSTON, HOLLY	401 BISCAYNE BLVD.	MIAMI FL 33132
SD	WELLER, PAMELA	401 BISCAYNE BLVD.	MIAMI FL 33132
			400030591994 03/16/04--01110--025 **61.25
			400030591994 03/16/04--01110--026 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERCILLA, RAUL D.
BAYSIDE MARKETPLACE
401 BISCAYNE BLVD., R-106
MIAMI FL 33132

Name

WELLER, PAMELA

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

BAYSIDE MARKETPLACE 401 BISCAYNE BLVD.

Suite, Apt. #, Etc.

#R-106

City

MIAMI

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

Date 2/16/04

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:

PAMELA WELLER

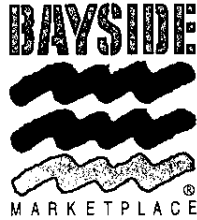
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/04 305-577-3344

CP2E040 (7/03)



March 10, 2004

To Whom it May Concern:

This letter is being included with the Application for Reinstatement as documentation that the corporation did not receive the two prior Uniform Business Reports notices. As such, the Corporation has not filed this informational return and therefore its authority to transact business in Florida has been revoked.

We are including two checks totaling \$122.50 as full payment and request to be reinstated in the State of Florida without being assessed any penalties for the late filing.

Sincerely,

A handwritten signature in black ink, appearing to be "Pamela Weller", written over a horizontal line.

Pamela Weller
Secretary, Bayside Merchants Association