## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOR REINSTAT	SE ATLAN	Kati Secr	PARTMENT OF STATE nerine Harris retary of State of CORPORATIONS			FILED		
DOCUMENT # 592914					01 DEC 31 AM 10: 43			
1. Corporation Name  Bayco of Collier County, Inc., a Florida corporation					SECRETARY OF STATE TALLANASSEE, FLORIDA			
2 Principal Office	Addrose	3 Mailing Office	Address					
2. Principal Office Address  3. Mailing Office Address  606 Bald Eagle Way, C3m4q601  606 Bald Eagle Way, C3m4q601					·			
Suite, Apt. #, etc.	zagre nayyerange	Suite, Apt. #, etc.	Dugic way.		w		<del></del> 1	
Suite 603	3	Suite 603	3	4. Date Incorporated or Qualified To Do Business in Florida 1978				
City & State		City & State		5. FEI Number Applied For		Applied For		
3	Marco Island FL 34145		Marco Island FL 34145		59-1865940 Not Applicable			
34145	Country USA	<sup>Zip</sup> 34145	Country USA	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED TO CONTROL CONTR			
Nam		7. Name	and Address of Current Registe	ered Agent				
Stree 60 Suite Suite City	evid C. Bennett et Address (P.O. Box Number is et Bald Eagle Way e, Apt. #, Etc. ette 603	, ,			-0 * State <b>FL</b>	04755416 1/07/0201048- **2406,25 ****2 Zip Code 34145	5 — O \$75  	
Signature of Registered Agent	David C. B.	REGISTERED AGENT		makerer for the special field of the special field			_2001	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least Name of Street Address of Each								
Titles	Officers and/or Directors		Officer and/or Director		City / State / Zip			
P.&uS., D. Dav	David C. Bennett		606 Bald Eagle Way, Ste 603		Marco Island, FL 34145			
D. Raymond Schmela		60	606 Bald Eagle Way, Ste 603		Marco Island, FL 34145			
	,			CTATE		118701	-	
40 100 110 110			vered to execute this application as	provided for in the	inter 607	or 617 E.S. I further certify th	at when filing	
this reinstaten owed by the c	nent application, the reason for o proporation have been paid and t	lissolution has been elim he names of individuals	rered to execute this application as inated, the corporate name satisfil listed on this form do not qualify fo e same legal effect as if made und	es the requirements r an exemption und	of section	1 607.0401 or 617.0401, F.S.	, that all tees	
SIGNATURE	E: Jari (	DAJIO PRINTED NAME OF SIGNI	C B なみたべ、D.RA NG OFFICER OR DIRECTOR	<u>್</u>	12/b	J+/ 94-435 Daytime Phon	-1535 e#	

Requester's Name  225 5.Adams 37. 80. +e  Address  Tallalassee FL 32301 Z  City/State/Zip Phone	200			
	Office Use Only			
CORPORATION NAME(S), & DOC	UMENT NUMBER(S), (if known):			
(Corporation Name)	(Document #)  (Document #)			
(Corporation Name)	(Document #)			
	_			
Walk in Pick up time	Certified Copy			
Mail out Will wait	☐ Photocopy ☐ Certificate of Status			
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director C  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION			
OTHER FILINGS  ☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other			
	Examiner's Initials			