

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 10 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707089

1. Corporation Name

Bayshore Gardens Condominium Apartment Association

2. Principal Office Address

1600 Leisure Drive

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34207

Country

US

3. Mailing Office Address

1600 Leisure Drive

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34207

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/31/64

5. FEI Number

59-1096968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Robert J. Armstrong, CPA

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

1001 Third Avenue West

Suite, Apt. #, Etc.

500

City

Bradenton

State

FL

Zip Code

34205

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

Robert J. Armstrong

REGISTERED AGENT MUST SIGN

Date

11/15/02

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.	William Lamphere D	1600 Leisure Drive	Bradenton, FL 34207 D
Vice-Pres.	Jack Martin D	1541 Leisure Drive	Bradenton, FL 34207 D
Treas.	John Babay D	1600 Leisure Drive	Bradenton, FL 34207 D
Secr.	Lee Robinson D	1600 Leisure Drive	Bradenton, FL 34207 D
Screening	Helen Miller D	1600 Leisure Drive	Bradenton, FL 34207 D

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.

LEE M. ROBINSON

SIGNATURE:

Lee M. Robinson

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/02

Daytime Phone #

CR2E081 (9/01)