PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JAN 14 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710555**

1. Corporation Name

BAY PINES ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4004 BAY PINES FL 33504	P.O. BOX 4004 BAY PINES FL 33504

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/21/1966

5. FEI Number: 59-2773650 ☐ Applied For ☐ Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	GUERRA, HENRY F	4813 97TH WAY NORTH	ST PETERSBURG FL
D	BONACORSI, GARY	4797 97TH WAY NORTH	ST PETERSBURG FL
P	~~CORRY, STEPHEN P~~ Reese, E. James	~~9713 54TH AVENUE NORTH~~ 9974 56th PL N.	ST PETERSBURG FL
D	JOWETT, RALPH L	5601 97TH WAY NORTH	ST PETERSBURG FL
D	CLARK, PATRICIA M	9718 54TH AVENUE NORTH	ST PETERSBURG FL
VP ~~VD~~	Kelly Kutz	4825-97th way W	St. Pete FL 33708

8. Name and Address of Current Registered Agent

CORRY, STEPHEN P
9713 54TH AVENUE NORTH
ST PETERSBURG FL 33708

1-14-97
1996

REINSTATEMENT

9. Name and Address of New Registered Agent

Name: Kelly Kutz
Street Address (P.O. Box Number is Not Acceptable): 4825-97th way W.
Suite, Apt. #, Etc.: T00000206125?--1 -01/17/97--01013--006
City: St. Pete. ****236 State: FL Zip: 33708

CR2E040 (7/96)

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.

Signature of Registered Agent: E. James Reese, III
REGISTERED AGENT MUST SIGN
Date: 11/8/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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. 10 Jan 97

SIGNATURE: E. James Reese, III 11/8/96 813-898-2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E. James Reese, III

Kelly W Kutz

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