

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 NOV 18 PM 1:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800002011588--9 -11/21/96--01089--032 ***297.50 ***297.50 REINSTATEMENT	
DOCUMENT # 714858 1. Corporation Name BAY PORTE CONDOMINIUM ASSOCIATION INC				DO NOT WRITE IN THIS SPACE 1/24/74 5. FEI Number I.D. TAX 65-0037073 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Principal Place of Business 1501 BAYVIEW DR FORT LAUDERDALE FL 33304		Mailing Address SAME			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable SAME AS ABOVE Suite, Apt., etc. 201 City & State FT LAUD FL Zip 33304 Country SAME		3. New Mailing Address, If Applicable T. CONSALVO Suite, Apt., etc. 201 City & State SAME AS ABOVE Zip 33304 Country SAME			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
	PD THOMAS CONSALVO	1501 Bayview Dr	1501 Bayview Dr Ft, Land FL 33304		
	VD KENA OFFENDER	1501 Bayview Dr			
	TD TOM JONES	FT, Land FL 33304			
	D JOHN BLANDIN	1501 Bayview Dr			
	SD FORSTER RAINS	FT, Land FL 33304			
8. Name and Address of Current Registered Agent RUTH STEVENS 1501 Bayview Dr. FT Land FL 33304				9. Name and Address of New Registered Agent Name RUTH STEVENS Street Address (P.O. Box Number is Not Acceptable) 1501 Bayview Dr apt 104 Suite, Apt., Etc. FT, Lauderdale City FT, Lauderdale, FL 33304 State FL Zip Code 33301	
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 <u>Ruth Stevens</u> Date _____ REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on Intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Thomas Consalvo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					