PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUL -6 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/06/10--01068--004 **297.50

REINSTATEMENT 09-1D

DOCUMENT # 715267

1. Corporation Name
Baywood on the Gulf, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
603 Westwinds Dr		603 Westwinds Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palm Harbor		City & State: Palm Harbor	
Zip: 34683	Country: Pinellas	Zip: 34683	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/17/1968

5. FEI Number: 592962430 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sam Heyde

Street Address (P.O. Box Number is Not Acceptable): 603 Westwinds Dr

Suite, Apt. #, Etc.:

City: Palm Harbor | State: FL | Zip Code: 34683

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: Samuel Heyde — Date: 7-2-10
REGISTERED AGENT MUST SIGN

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
P	Sam Heyde	603 Westwinds Dr	Palm Harbor, 34683
VP	Shirley Poehlman	609 Westwinds Dr	Palm Harbor, "
S	Joan Heyde	605 Westwinds Dr	Palm Harbor, "
B	Anne Gonzalez	613 Westwinds Dr	Palm Harbor, "
B	Kathy Yahn	599 Westwinds Dr	Palm Harbor, "
B	Gail Stewart	615 Westwinds Dr	Palm Harbor, "

10. E-mail Address: froughlife@hotmail.com
(To be used for future annual report notification)

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. I further certify, 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: Samuel Heyde - Pres — 7-2-10 — 321-436-2186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/8 cw