

INSTRUCTIONS BEFORE COMPLETING THIS FORM. 297.50

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 735668

1. Corporation Name

BAY ISLES Association, Inc.

40 Jmc + SON Property MANAGEMENT  
3174 GULF OF MEXICO Drive  
LONGBOAT Key, FL 34228

97 MAY 23 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

000002199320--9  
-06/03/97--01033--005  
\*\*\*\*297.50 \*\*\*\*297.50

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-1695122	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/D	Julian Dorf	2195 HARBOURSIDE Drive	LONGBOAT Key, FL 34229
V/P/D	WALTER SEWATKA,	3555 Mistletoe LN	LONGBOAT KEY, FL 34228
S/D	Jerry Mathis	617 Weston Pointe Ct.	LONGBOAT Key, FL 34229
T/D	MURRAY GOLDBERG	3502 Mistletoe LN	LONGBOAT Key, FL
REINSTATEMENT 96-97			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Beth CALLANS 40 Jmc + SON Property MANAGEMENT 3174 GULF OF MEXICO Drive LONGBOAT Key, FL 34228		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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

Beth Callans

REGISTERED AGENT MUST SIGN

Date 1-17-97

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 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

X Julian A. Dorf Pres.

2/11/97

941-383-3120