
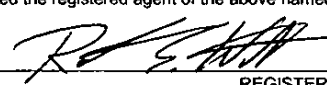



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760072			
1. Corporation Name Bay Forest Homeowners Association, Inc. Commons Four			
2. Principal Office Address 15087 Royal Fern Court		3. Mailing Office Address 15087 Royal Fern Court	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Naples, FL		City & State Naples, FL	
Zip 34110	Country Collier	Zip 34110	Country Collier
		4. Date Incorporated or Qualified To Do Business in Florida 09/15/1981	
		5. FEI Number 650253402	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Robert E. White			
Street Address (P.O. Box Number is Not Acceptable) 15087 Royal Fern Court			
Suite, Apt. #, Etc. #100			
City Naples		State FL	Zip Code 34110
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 		Date 2/16/06	
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
D/T	Robert E. White	15087 Royal Fern Court #100	Naples, FL 34110
D/P	Clare Pohlman	338 Carinosa Court	Naples, FL 34110
D/V	Mark Hopkins	352 Bay Forest Dr. #103	Naples, FL 34110
D/S	Santo Pino	15174-2 Majorca Bay Dr.	Naples, FL 34110
D	James Carlson	15260 Cedarwood Lane #A201	Naples, FL 34110
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 contained in Chapter 119, 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.			
SIGNATURE: 		Date 2/16/06	Daytime Phone # (239) 566-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			