


NOT-FOR-PROFIT CORPORATION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
03 MAY 12 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760072

1. Corporation Name

BAY FOREST HOMEOWNERS ASSOCIATION, INC.
COMMONS FOUR

2. Principal Office Address

5067 TAMiami TRAIL E.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip

34113

Country

USA

3. Mailing Office Address

5067 TAMiami TRAIL E.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip

34113

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-15-81

5. FEI Number

65-0253402

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

GEORGE FOREMAN

Street Address (P.O. Box Number is Not Acceptable)

5067 TAMiami TRAIL E.

Suite, Apt. #, Etc.

City

NAPLES

700020795757

06/12/03-01011-005 #4297.50

REINSTATEMENT 06-03

State

FL

Zip Code

34113

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

George Foreman

REGISTERED AGENT MUST SIGN

Date

4-28-03

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.D.	MARK HOPKINS	352 BAY FOREST DR. #103	NAPLES, FL. 34110
S.T.D.	SARA TEBOREK	15162 MAJORCA BAY DR.	NAPLES, FL. 34110
D	JACK KEARNS	15087 ROYAL FERN CT. #1101	NAPLES, FL. 34110
D.	JERRY POHLMAN	5067 TAMiami TRAIL E	NAPLES, FL 34113
D.	JIM CARLSON	5067 TAMiami TRAIL E	NAPLES, FL. 34113
D.	GEORGE FOREMAN	5067 TAMiami TRAIL E	NAPLES, FL. 34113

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 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.

SIGNATURE:

George Foreman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-03

Daytime Phone #

239-643-7647

CR2E081 (10/02)