

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
98 SEP -4 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F61364

1. Corporation Name Vista Bay, Inc.  
~~8500-144 Lane N.~~  
~~Seminole, FL 34646~~

Principal Place of Business Mailing Address  
~~8500-144 Lane N.~~  
~~Seminole, FL 34646~~

500002634855--2  
-09/09/98--01033--004  
DO NOT WRITE IN THESE SPACES \*\*\*900.00

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

2. New Principal Office Address, If Applicable 5 Island Park Place Suite, Apt. #, etc. Unit 308 City & State Dunedin, FL Zip 34698 Country USA	3. New Mailing Address, If Applicable 5 Island Park Place Suite, Apt. #, etc. Unit 308 City & State Dunedin, FL Zip 34698 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida  
01/07/82

5. FEI Number 59-2150799 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 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
Pres.	Powell, Bernard F.	5 Island Park Place #308	Dunedin, Florida 34698
V.P. & Sec.	Larson, Roger A.	5 Island Park Place #308	Dunedin, Florida 34698

**REINSTATEMENT** 97-98

SL 9-4-98

8. Name and Address of Current Registered Agent  
Roger A. Larson  
911 Chestnut Street  
Clearwater, FL 33756

9. Name and Address of New Registered Agent  
Name Same  
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 *[Signature]* Date 9-2-98  
REGISTERED AGENT MUST SIGN

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 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(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 upon 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: *[Signature]* Date 9-2-98 Daytime Phone # 727-461-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)