

FROM : BAYWOOD HOMES
FILE No. 638 04/03 '03 17:00


FAX NO. : 407-244-5545
ID: CSC

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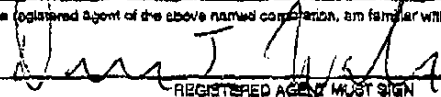
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

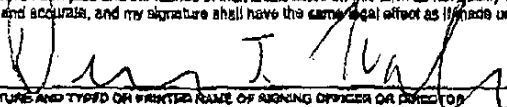
03 APR -4 PM 2:44

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # F99000005038			
1. Corporation Name BAYWOOD HOMES, INC.			
2. Principal Office Address 4305 Vineland Road Suite, Apt. #, etc. Suite G-10 City & State Orlando, FL Zip 32811-7177		3. Mailing Office Address 4305 Vineland Road Suite, Apt. #, etc. Suite G-10 City & State Orlando, FL Zip 32811-7177	
Country U.S.A.		Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida Sept. 29, 1999		5. FEI Number 91-1049228	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	

7. Name and Address of Current Registered Agent	
Name Denny J. Walsh	
Street Address (P.O. Box Number is Not Acceptable) 10337 Emerald Woods Avenue	
Suite, Apt. #, etc.	
City Orlando	State FL
Zip Code 32836	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.	
Signature of Registered Agent 	Date 4/3/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Walsh, Denny J.	10337 Emerald Woods Ave	Orlando, FL 32836
			700015322517

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(5)(f), 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:		4/3/03	407-244-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Phone #

4/4/03
CW

BAYWOOD HOMES, INC.

4305 Vineland Road, Ste G-10, Orlando, FL 32836 * (407)244-5550 * Fax (407)244-5545

April 3, 2003

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Baywood Homes, Inc. License Renewal and Annual Report for 2002
FEIN: 91-1049228

Gentlemen:

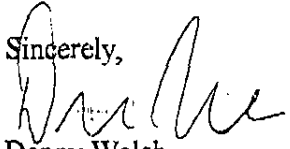
I sincerely apologize for not renewing our license and filing our annual report for 2002 but the location we were leasing went out of business and therefore none of our mail was forwarded to our new location. Under these circumstances, I would be most grateful if the re-instatement fee would be waived.

I know that I am in the arrears for 2002 in the amount of \$150 and will owe \$150 for 2003.

Enclosed is \$300 to cover these costs.

I look forward to hearing from you.

Sincerely,



Denny Walsh
President

Enclosure: \$300 check

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ACCOUNT NO. : 072100000032
 REFERENCE : 001205 7374171
 AUTHORIZATION : *Patricia Pruitt*
 COST LIMIT : \$ 300.00

ORDER DATE : April 4, 2003
 ORDER TIME : 11:19 AM
 ORDER NO. : 001205-005
 CUSTOMER NO: 7374171
 CUSTOMER: Mrs. Marcy Walsh
 Baywood Homes, Inc.
 Suite G-10
 4305 Vineland Road
 Orlando, FL 32811

DOMESTIC FILINGS

NAME: BAYWOOD HOMES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EX 1156
 EXAMINER'S INITIALS _____