

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 27 PM 1:52

DOCUMENT # J17617

1. Corporation Name

BAYPOINTE PROPERTIES, INC.

REINSTATEMENT 05-06

2. Principal Office Address

3194 W 9 Mile Road

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32534

Country

Escambia

3. Mailing Office Address

3194 W 9 Mile Road

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32534

Country

Escambia

4. Date Incorporated or Qualified
To Do Business in Florida

05.30.1986

5. EFL Number

59-2680744

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

Jerry T. Webb

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

2782 Creekwood Drive

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

REGISTERED AGENT MUST SIGN

Date 11.22.06

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	Webb, Jerry T.	3194 W 9 Mile Road	Pensacola, FL 32534

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.22.06

Date

850.572.7665

Daytime Phone #