

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 28 AM 11:16

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K41271

1. Corporation Name

BAYSIDE IMPROVEMENT, INC.

200061796652
11/30/05--01046--009 **2700.00

2. Principal Office Address

6582 Palmer Park Circle

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 758

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Osprey, Florida

Zip

34238

Country

USA

Zip

34229

Country

USA

REINSTATEMENT 92-05
COR 22081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/88

5. FEI Number

65-0197643

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

Richard R. Gans

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

1515 Ringling Boulevard

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State

FL

Zip Code

34236

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 11/22/05

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
DP	Jeffrey F. Jones	6582 Palmer Park Circle	Sarasota, Florida 34238

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/05

Daytime Phone #