

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #K41271

1. Corporation Name

Bayside Improvement, Inc.

2. Principal Office Address - No P.O. Box #

5318 Ashley Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 758

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Osprey, Florida

Zip

34241

Country

USA

Zip

34229

Country

USA

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

CR2E081 (11/10)

300209226693
06/22/11--01003--029 **900.00

FILED
11 JUN 22 AM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Date

REGISTERED AGENT MUST SIGN

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	Jeffrey F. Jones	5318 Ashley Pkwy	Sarasota, FL 34241

10. E-mail Address: rgans@fergesonskipper.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/11 (941) 925-5857