

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

03 MAR -4 PM 3:25

DOCUMENT # K 80837

**1. Corporation Name**

Bayside Development Group Inc.

**2. Principal Office Address**

2150 NE 2nd Terrace

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Pompano Beach, Fl.

**City & State**

same

**Zip**

33060

**Country**

Broward

**Zip**

Country

REINSTATEMENT 90-03

**4. Date Incorporated or Qualified To Do Business in Florida**

April 17, 1989

**5. FEI Number**

65-0116062

**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**

Corporation Information Services, Inc. William Skirvin

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

502 East Park Avenue 2150 NE 2nd Terrace

**Suite, Apt. #, Etc.**

**City**

Pompano Beach, Tallahassee, Fl. 32301

**State**

FL

**Zip Code**

33060

**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

W. Skirvin

REGISTERED AGENT MUST SIGN

Date Feb 28, 03

**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
Pres./Off	William Skirvin	2150 NE 2nd Terr Pompano Beach	Pompano Bch., Fl. 33060
S/T	Brenda K Skirvin	2150 NE 2nd Terr	Pompano Bch., Fl 33060

**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:** William Skirvin W. Skirvin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 03 951-214-5295  
Date Daytime Phone #

CR2081 (10/02)