

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 12:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # **L38450**

1. Corporation Name
Bayview Property Management Corp.

2. Principal Office Address
4600 Enterprise Ave.

Suite, Apt. #, etc.
Ste. A

City & State
Naples, FL

Zip Country
34104 USA

3. Mailing Office Address
4600 Enterprise Ave

Suite, Apt. #, etc.
Ste. A

City & State
Naples, FL

Zip Country
34104 USA

REINSTATEMENT 95-04

4. Date Incorporated or Qualified
To Do Business in Florida **12-27-89**

5. FEI Number **65-0164005**

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent **100034459951**

Name **Russell Wright** **04/28/04--01058--027 **125.00**

Street Address (P.O. Box Number is Not Acceptable) **4600 Enterprise Ave** **100034459951**
04/28/04--01058--028 **100.00

Suite, Apt. #, Etc. **Ste. A** **100034459951**
04/28/04--01058--029 **8.75

City **Naples** State **FL** Zip Code **34104**

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 **4-27-04**
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	Russell Wright	4600 Enterprise Ave	Naples, FL 34104
VP/D	Judy Wright	4600 Enterprise Ave	Naples, FL 34104
S/D	David Wright	4600 Enterprise Ave	Naples, FL 34104

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: _____ Date **4-27-04** Daytime Phone # **434-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR