

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

08 JUN 24 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000 000 904

1. Corporation Name

GOLDEN BAY CONDOMINIUM ASSOCIATION

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

166 GOLDEN GATE PT.

Suite, Apt. #, etc

City & State

SARASOTA, FL

Zip

34236

Country

U.S.A.

3. Mailing Office Address

ADIC PROPERTY MGMT
63 SARASOTA CRT. BLVD.

Suite, Apt. #, etc

#104

City & State

SARASOTA, FL

Zip

34240

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

ADIC PROPERTY MANAGEMENT

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

63 SARASOTA CRT. BLVD

Suite, Apt. #, Etc.

104

City

SARASOTA

State

FL

Zip Code

34240

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

[Signature]

REGISTERED AGENT MUST SIGN

Date APRIL 30, 2008

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	PETER MALTESE	166 GOLDEN GATE PT. #60	SARASOTA, FL 34236
VP	PETER SCHWARTZ	166 GOLDEN GATE PT. #22	SARASOTA, FL 34236
ST	RON JAMIESON	P.O. Box 37	OWASWAGEN, ONTARIO CANADA N0A 1M0
D	RACHEL JAMES	166 GOLDEN GATE PT. #51	SARASOTA, FL 34236
D	JOHN TURLEY	166 GOLDEN GATE PT. #52	SARASOTA, FL 34236

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

770-249-1280

Daytime Phone #

PETER MALTESE, PRESIDENT

300131593943
06/23/08--01052--011 *35875
REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/01

5. FEI Number

65-1093703

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.