PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PSE PARTY

<u> </u>		•
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 AUG 24 AM 10: 09
DOCUMENT # 000000 1400 1. Corporation Name Bayshore HAVEN HOMEONNERS Association, Inc.		SCURETARY OF STATE TALLAHASSEE, FLORIDA
DAYSHORE HAVEN HOMEONNERS ASSOCIATION, Lnc.		
2. Principal Office Address 5218-5 Bayshore Blud.	3. Mailing Office Address POBUX 173071	02-06 OZ-06
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business In Florida 3/3/2000
City & State IAMPA	City & State TAMPA	5. FEI Number Applied For
Zip Country	Zip Country	5/- 045/953 Not Applicable 6. S8.75 Additional Fee required
33611 USA	33611 USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Name Africe frieso Johnse Cornei 501079532715 Street Address (P.O. Box Number is Not Acceptable) US./U7./UBU1U1BU1 **305 25 Suite, Apt. #, Etc. City State Zip Code FL 336//		
8. I, being appointed the registered agent of the above/flamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 7//3/06 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 Eac Officer and/or Directo	
P JUANIE CORNEI	1 5218 BAYShone	Blvd, #5 TAMPA FL 33611
TS NANCY Hobby	5218 BAYShoRE Blu	d. # 1 TAMPA, FL 33611
M Alice M PRIE	TU 8602 Leighton Dr.	INE TAMPA FL 33614
M3/25		
<u> </u>	F. W. DANGE	-g
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 filling 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		

SouthEast Realty & Management Services, LLC
P O BOX 173071
Tampa, Florida 33672
(813) 932-7400
Fax – (813) 933-9254
Cell – (813) 244-2194

Monday, August 21, 2006

US MAIL - PRIORITY

Florida Department of State Division of Corporations P O Box 6327 Tallahassee FL 32314

RE:

LETTER NUMBER 106A00046637 BAYSHORE HAVEN HOA, INC. DOCUMENT #N0000001400

Dear Mr. Tyrone Scott:

I am in receipt of your letter dated 7/21/06 in reference to the above matter. Enclosed please find check number 0199 in the amount of \$306.25 for the years 2002 through and inclusive of 2006 for the annual corporation fees to bring their account current and in good standing. The prior years were not filed as the Annual Report was not forwarded to the homeowners and they were not aware of the filing with the state. I have recently been hired by the Association to help them with their management and trying to bring them current. Therefore, the Association requests to have the penalty fee waived as they did not know about having to file the annual Report with the State to keep active due that the Report was not forwarded to the homeowners.

If you have any questions in reference to this matter you may reach me at (813) 244-2194.

Sincerely,

Álice M. Prieto, Lic. Real Estate Broker

Association Manager for Bayshore Haven HOA, Inc.