


-PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 OCT 31 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000001749

1. Corporation Name

Bella Vista Gulf Coast Homeowners Association

2. Principal Office Address

26884 Hickory Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

26884 Hickory Blvd

Suite, Apt. #, etc.

City & State

Bonita Beach FL

Zip Country

34134 USA

City & State

Bonita Beach FL

Zip Country

34134 USA

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10/31/06--01032--008 4*297.50

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/2001

5. FEI Number

593461157

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

Michele SNYDER

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

26884 Hickory Blvd

Suite, Apt. #, Etc.

City

Bonita Springs

State

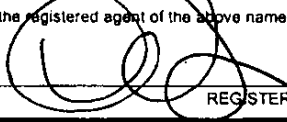
FL

Zip Code

34134

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



REGISTERED AGENT MUST SIGN

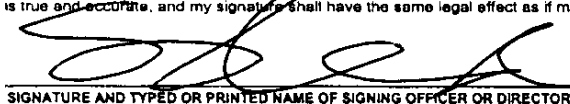
Date 10-22-06

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
DP	<u>Stephen SNYDER</u>	<u>26884 Hickory Blvd</u>	<u>Bonita Beach FL 34134</u>
DVP	<u>Marty Meyers</u>	<u>26876 Hickory Blvd</u>	<u>Bonita Beach FL 34134</u>
0 sec/treasurer	<u>Michele SNYDER</u>	<u>26884 Hickory Blvd</u>	<u>Bonita Beach FL 34134</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-06 317-752-6525

Daytime Phone #

STEPHEN SNYDER