

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 APR -5 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02-4214

1. Corporation Name

Bahama Harbor Condominium Association, Inc.

2. Principal Office Address

118 Geraldine St.

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

USA

3. Mailing Office Address

118 Geraldine St.

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

USA

REINSTATEMENT 03-04

500031759035
04/06/04--01046--005 **175.00

500031759035
04/05/04--01003--007 **122.50

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/02

5. FEI Number

043748219

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

Shelley Pelcher

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

118 Geraldine Street

Suite, Apt. #, Etc.

City

Key West

State
FL

Zip Code

33040

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

Shelley Pelcher

Date

3/30/04

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	<u>Sandy Guthrie</u>	<u>718 Emma St.</u>	<u>Key West FL 33040</u>
VP	<u>Vicki Gordon</u>	<u>1406 Leon St.</u>	<u>Key West FL 33040</u>
S	<u>Shelley Pelcher</u>	<u>118 Geraldine St.</u>	<u>Key West FL 33040</u>
T	<u>Michelle Pfaff</u>	<u>716 C Emma St.</u>	<u>Key West FL 33040</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 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:

Shelley F. Pelcher Shelley F. Pelcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/04

Daytime Phone #

(305)2945225

CRS0801 (01/04)