

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC 30 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2712**

1. Corporation Name

**BRIDGEHAMPTON BAY CONDOMINIUM  
ASSOCIATION INC.**

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

**8701 BLIND PASS RD.**

Suite, Apt. #, etc.

**309A**

City & State

**ST. PETE BEACH FL.**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

**33706**

Country

**FLORIDA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/24/1984**

5. FEI Number

**59-2914643**

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 **ROCCO CAMPANILE**

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

**8711 BLIND PASS RD. UNIT 309A**

Suite, Apt. #, Etc

**SA.**

City

**ST. PETE BEACH**

State

**FL**

Zip Code

**33706**

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

**Rocco Campanile**

Date **12/28/10**

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
PRES.	BEN KOERTGEN	8701 BLIND PASS RD. #20913	ST. PETE BEACH FL. 33706
TREAS	ROCCO CAMPANILE	8711 BLIND PASS RD. #309A	" "
S	TRINA VILLEMARE	8711 " " " #106A	"
BOARD MEMBER	DAVE "	" " " " "	"
VP	RICK SWANTICM	" " " " #301A	"
BOARD MEMBER	WILLIAM BURGER	" " " " #305A	"

10. E-mail Address: **RCAMPANILE@TAMABAY.NR.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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: **Rocco Campanile - ROCCO CAMPANILE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/23/10 727-251-6070**

Date

Daytime Phone #

1/3 g.7