

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 17 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1704000004028**

1. Corporation Name
BAY COLONY Marina Condominium Association Inc

2. Principal Office Address - No P.O. Box #
500 BAY COLONY DRIVE N

Suite, Apt. #, etc.

City & State
JUNO BEACH, FL.

Zip
33408

Country

FLORIDA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT **05-07**
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/04

5. FEI Number

43-2072212

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
NICHOLAS FILLORAMO

Street Address (P.O. Box Number is Not Acceptable)
114 BAY COLONY DRIVE NORTH

Suite, Apt. #, Etc.

City
JUNO BEACH

State
FL

Zip Code
33408

☐ 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.

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

Nicholas Filloramo

Date **6/16/07**

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	NICHOLAS FILLORAMO	114 BAY COLONY DRIVE N	JUNO BEACH FL 33408
V	ALBERT SCHNIGDER	542 BAY COLONY DRIVE N	JUNO BEACH FL 33408
S	Vincent ELL FLETCHER	16 ARKANSAS Ave.	Ocean City NJ 08226
T	Constance Van Iderstine	535 Bay Colony Drive N	JUNO BEACH FL 33408
D	THOMAS O'Connell	1009 South Pinckney Rd	Howell MI 48843

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07/19/07--01057--010 **358.75

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

Nicholas Filloramo

NICHOLAS FILLORAMO

6/16/07

Date

561 622 6081

Daytime Phone #