

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


10 JUN 28 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100182678221
06/28/10--01041--009 **\$16.25

REINSTATEMENT 06-10
CR2E081 (6/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N050000 11723**

1. Corporation Name
Bay Breeze Condominium Holmes Beach Association, Inc

2. Principal Office Address - No P.O. Box # 407 74th St, Unit B		3. Mailing Office Address ← SAME	
Suite, Apt. #, etc. Unit B		Suite, Apt. #, etc.	
City & State Holmes Beach, FL		City & State	
Zip 34217	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/18/2005	
5. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

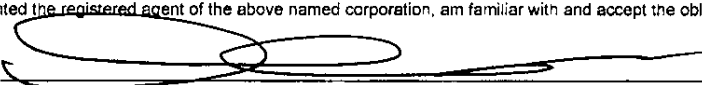
Name **TINA RUDEK**

Street Address (P.O. Box Number is Not Acceptable)
6000 MARIA Drive Suite 113

Suite, Apt. #, Etc.
Holmes Beach, FL 34217

City **Holmes Beach, FL** State **FL** Zip Code

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  Date **6/17/10**

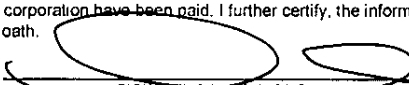
REGISTERED AGENT MUST SIGN

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
P, D	TINA RUDEK	407 74 th St Unit B	Holmes Beach, FL 34217
D	HERB CLARKS	1731 Old Bethlehem Rce	Sellersville PA 18960
D	MATTHEW KLUPING	1800 2 nd St	SARASOTA, FL 34236

10. E-mail Address: _____
(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:  Date **6/17/10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINA RUDEK, President

13 2

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bay Breeze Condominium Holmes Beach Association, Inc
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/18/2005 Document number: N05000011723
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned / ABANDONED
ROBERT T. BYRNE
401 So. Bay Blvd, Anna Maria, FL 34216

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TINA RUDEK
6000 MARINA DRIVE, Suite 113
P.O. Box NOT acceptable
Holmes Beach, FL 34217

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Tina Rudick President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/18/16
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)