

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAR -9 PM 2: 15

DOCUMENT # N13000010722

1. Corporation Name

BAY ISLE LANDINGS TOWNHOMES ASSOCIATION, INC.

200314621692
06/12/18--01021--016 **26.25
~~503314621692~~
03/03/18--01016--003 **210.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 18940 N. DALE MABRY HWY.		3. Mailing Office Address 18940 N. DALE MABRY HWY.	
Suite, Apt. #, etc SUITE 101		Suite, Apt. #, etc SUITE 101	
City & State LUTZ, FL		City & State LUTZ, FL	
Zip 33548	Country USA	Zip 33548	Country USA

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

7. Name and Address of Current Registered Agent

Name ELITE MANAGEMENT GROUP	
Street Address (P.O. Box Number is Not Acceptable) 18940 N. DALE MABRY HWY.	
Suite, Apt. #, Etc SUITE 101	
City LUTZ	State FL
Zip Code 33548	

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 6/7/2018

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	SPANGLER, RON	18940 N. DALE MABRY HWY.	Lutz, FL 33548
VP	SERGIO, JOE	18940 N. DALE MABRY HWY.	Lutz, FL 33548
S,T	BUCKNER, PATRICIA	18940 N. DALE MABRY HWY.	Lutz, FL 33548

reinstatement 18

dec 6/12

10. E-mail Address: jclazaro@elite-management.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Spangler

6/7/2018

Date

813-854-2414

Daytime Phone #

JC Lazaro

From: Cushing, Diane
Sent: Friday, May 25, 2018 3:14 PM
To: JC Lazaro
Subject: Bay Isle Landings Townhomes Association, Inc.
Attachments: cr2e081.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Per my conversation with Paul Leone, here is the reinstatement application that should have been filed with our office. The total fee to reinstate is \$236.25. We currently have \$210.00 so that leaves a balance due of \$26.25. Please complete the attached form and return it to my attention at the address on the form. I am sorry that you were given wrong information back in March and as soon as I get the proper form I will get the corporation active again.

Diane C. Cushing
Senior Section Administrator
Amendment Section
Division of Corporation

The Department of State is committed to excellence. Please take our Customer Satisfaction Survey .

back date to March.