

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16275

1. Corporation Name

Bayview Terrace Homeowners Association, Inc.

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

31 Bayview Road

3. Mailing Office Address

31 Bayview Road

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Tequesta, FL

City & State

Tequesta, FL

Zip

33469

Country

USA

Zip

33469

Country

USA

800189322958
01/04/11--01017--012 **236.25

REINSTATEMENT 10

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1986

5. FEI Number

65-0037425

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

Lori Book

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

31 Bayview Road

Suite, Apt. #, Etc.

N/A

City

Tequesta

State

FL

Zip Code

33469

Handwritten initials

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

Handwritten signature of Lori Book

REGISTERED AGENT MUST SIGN

Date 12-28-10

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
PD	Bill Murphy	6 Bayview Court	Tequesta, FL 33469
VP	Lise Gibson	5 Bayview Court	Tequesta, FL 33469
TD	Lori Book	31 Bayview Road	Tequesta, FL 33469
S	Molly McCormick	23 Bayview Road	Tequesta, FL 33469

10. E-mail Address: stblsb3@att.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., 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:

Handwritten signature of Lori Book Lori Book

12-28-10

Date

561-747-7079

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR