PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25180

**1.** Corporation Name
BAYFRONT GARDENS HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 03-05

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| C/O PAULICH, SLACK & WOLFF | |
| Suite, Apt. #, etc.: 5147 CASTELLO DRIVE | Suite, Apt. #, etc. |
| City & State: NAPLES, FL | City & State |
| Zip: 34103 / Country: USA | Zip / Country |

**4.** Date Incorporated or Qualified To Do Business in Florida: 03/03/1988

**5.** FEI Number: 65-0120316 ☐ 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: CORPORATE REGISTERED AGENT, LLC

Street Address (P.O. Box Number is Not Acceptable): 5147 CASTELLO DRIVE

300049338569
03/29/05--01016--006 **358.75

Suite, Apt. #, Etc.:

City: NAPLES | State: FL | Zip Code: 34103

**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 15 Mar 2005

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 |
|---|---|---|---|
| DP | SUSAN S. OWENS | 241 BAYFRONT DRIVE | BONITA SPRINGS, FL 34134 |
| DV | CASEY WOLFF | 231 BAYFRONT DRIVE | BONITA SPRINGS, FL 34134 |
| DST | DOUGLAS GRANT | 207 BAYFRONT DRIVE | BONITA SPRINGS, FL 34134 |
| | | | |
| | | | |
| | | | |

**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 under section 119.07(3)(i), 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.

(239)

**SIGNATURE:** _____ 3/15/05 248-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #