PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27511

1. Corporation Name
Homeowners at Bay Pointe, Inc.

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
2180 W SR 434	2180 W SR 434
Suite, Apt. #, etc. SUITE 5000	Suite, Apt. #, etc. SUITE 5000
City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32779 Country USA	Zip 32779 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/19/1988

5. FEI Number 591480174 ☐ 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

800031198668
03/25/04--01046--007 **61.25

Name: JAMES W HART

Street Address (P.O. Box Number is Not Acceptable): 2180 W SR 434

800031198668
03/25/04--01046--008 **420.00

Suite, Apt. #, Etc.: SUITE 5000

City: LONGWOOD State: FL Zip Code: 32779

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 2/17/04

CR2E061 (01/04)

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
President	Reva Harris	51 Broad St.	Titusville, FL 32796
Vice-Pres.	Dick Gaudio	53 Broad St.	Titusville, FL 32796
Treasurer	Tom Clark	23 Broad St.	Titusville, FL 32796
Sec.	Bonnie Werner	41 Broad St.	Titusville, FL 32796
Director	Steve Thiebauth	25 Broad St.	Titusville, FL 32796

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.

SIGNATURE: Reva A Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04
Date

321-268-9016
Daytime Phone #