

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36156**

1. Corporation Name

The Barrier Islands Governmental Council, Inc.

FILED

11 OCT -7 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #
105-164th Ave.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Redington Beach FL

City & State

Zip
33708

Country
Pinellas

Zip

Country

000213050400
10/07/11--01032--002 **1032.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1990

5. FEI Number
593082543

☐ 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
Jay Daigneault, Esq.

Street Address (P.O. Box Number is Not Acceptable)
14101 - 82th Ave.

Suite, Apt. #, Etc

City
Seminole

State
FL

Zip Code
33706

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 10/7/11

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
Mayor	Nick Simons	105-164th Ave.	REDington Beach FL 33708
Councilman	George Cretekos	112 S. Osceola Ave.	Clearwater FL 33756
Mayor	Robert Minning	120-108th Ave.	Treasure Island FL 33706

REINSTATEMENT

10/7/11
98-11

10. E-mail Address: townclerk@townofredingtonbeach.com Janina Patrus

(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: Nick Simons

727-391-3875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #