

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N36282

1. Corporation Name

BONITA VISTA Bayside Homeowners Association
Inc.

2. Principal Office Address

255 2nd Ave. N.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SAFETY HARBOR, FL

Zip

Country

Zip

Country

34695

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3110146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300005282803--2

-04/16/02--01065--001

****297.50 ****297.27

7. Name and Address of Current Registered Agent

Name

JULIE GULKIS

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

255 2nd Ave. N.

Suite, Apt. #, Etc.

City

SAFETY HARBOR

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****61.25 ****61.25

REINSTATEMENT

00-02

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

Julie A. Gulkis

REGISTERED AGENT MUST SIGN

Date

1-2-02

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

DIRECTOR JULIE A. GULKIS

255 2nd Ave. N.

SAFETY HARBOR, FL 34695

DIRECTOR DENNIS GULKIS

255 2nd Ave. N.

SAFETY HARBOR, FL 34695

DIRECTOR BRUCE MURPHY

951 S. BAYSHORE BLVD

SAFETY HARBOR, FL 34695

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:

Julie A. Gulkis / JULIE A. GULKIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-01

Date

(727) 669-9178

Daytime Phone #