

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 JUL -8 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 39255**

1. Corporation Name

**BAYSIDE SOUTH HOMEOWNERS  
ASSOCIATION, INC.**

2. Principal Office Address

**4709 BAYSIDE DR**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**MILTON FL**

City & State

**FL**

Zip

**32583**

Country

**USA**

Zip

Country

**600057202006**  
07/08/05--01016--001 \*\*297.50

**REINSTATEMENT 04-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7-23-90**

5. FEI Number

**59-3021240**

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

**JAN MOLL**

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

**4709 BAYSIDE DRIVE**

Suite, Apt. #, Etc.

City

**MILTON**

State

**FL**

Zip Code

**32583**

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

*[Signature of Jan Moll]*

Date **5-29-05**

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
P/D	ROSE NYE	4677 BAYSIDE DR	MILTON FL 32583
S/D	SARAH GROEGER	4641 BAYSIDE DR	MILTON FL 32583
T/D	JAN MOLL	4709 BAYSIDE DR	MILTON FL 32583

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:

*[Signature of Jan Moll]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan Moll**

**5-29-05**

Date

**850-994-**

Daytime Phone # **3725**

CR2E081 (01/05)

7/14/05