


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

99 MAY 12 11 00 AM
 TALLAHASSEE, FLORIDA

DOCUMENT # N50816

1. Corporation Name
BAY POINTE ESTATES PROPERTY OWNER'S ASSOCIATION OF PALM CITY, INC.

Principal Place of Business 2081 E. OCEAN BLVD. 2ND FLOOR STUART FL 34996	Mailing Address 2081 E. OCEAN BLVD. 2ND FLOOR STUART FL 34996
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 09/14/1992
5. FEI Number 65-0903564
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P D	LINDSEY, JAMES	2081 E. OCEAN BLVD.	STUART FL 34996
VP D	BROWN, ADAM	1520 S.W. DYER PT. ROAD	PALM CITY FL 34990
STD	HARBER, WALTER	2081 E. OCEAN BLVD.	STUART FL 34996
REINSTATEMENT 98-99 B			

8. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P ESQUIRE
 2081 E. OCEAN BLVD.
 STUART FL 34996

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Terence P. Esquire* Date: **5/14/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Walter Harber* Date: **5/10/99** 423-928-4926
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2EM40 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 237528 87623A

AUTHORIZATION :

COST LIMIT : \$ 297.50

Patricia Puyit 2

ORDER DATE : May 12, 1999

ORDER TIME : 1:54 PM

ORDER NO. : 237528-005

CUSTOMER NO: 87623A

CUSTOMER: Terence P. Mccarthy, Esq
Mccarthy Summers Bobko Mckey
Suite 2-a
2081 E. Ocean Boulevard
Stuart, FL 34996

RECEIVED

99 MAY 24 PM 2:23

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BAY POINTE ESTATES PROPERTY
OWNER'S ASSOCIATION OF PALM
CITY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

B. 6/1/99
Please give original
to filing clerk as file date

99 MAY 12 PM 3:11
RECEIVED