

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Bayshore Community Association, Inc

N93000003052

REINSTATEMENT

02

2. Principal Office Address

17081 Tarpon Way

3. Mailing Office Address

17081 Tarpon Way

Suite, Apt. #, etc.

none

Suite, Apt. #, etc.

none

City & State

North Fort Myers, Florida

City & State

North Fort Myers, Florida

Zip

33917

Country

Lee

Zip

33917

Country

Lee

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
650479737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

100008733061

10/31/02--01099--010 **306.25

7. Name and Address of Current Registered Agent

Name

Clyde Bowles

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

17021 Carolyn Lane

Suite, Apt. #, Etc.

None

City

North Fort Myers

State
FL

Zip Code

33917

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

Clyde Bowles

REGISTERED AGENT MUST SIGN

Date

Oct. 28, 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
Pres. D	Clyde Bowles	17021 Carolyn Lane	North Fort Myers, Florida 33917
V.P. D	Nancy Askew	17021 Upriver Dr.	North Fort Myers, Florida 33917
Sec.	Winans Davis	17042 Wayzata Court	North Fort Myers, Florida 33917
Tres.	Charlie Schumacher	17021 Upriver Dr.	North Fort Myers, Florida 33917
Dir.	Archie Hunsucker	17775 Nalle Road	North Fort Myers, Florida 33917

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:

Clyde Bowles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 28, 02 239-543-2991

Daytime Phone #

CR2E081 (9/01)