

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 23 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001686**

1. Corporation Name

BAYSHORE HOUSING CORPORATION

Principal Place of Business

348 MIRACLE STRIP PKWY
SUITE 13
FT WALTON BEACH FL 32548
US

Mailing Address

348 MIRACLE STRIP PKWY
SUITE 13
FT WALTON BEACH FL 32548
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



5/16/99 90281041 \$61.2

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1996

5. FEI Number

59-3411499

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KENDRICK, BRADLEY ← Delete →	1170 MARTIN LUTHER KING JR BLVD	FT WALTON BEACH FL
D President	PEARCE, BEN	1544 N BEAL EXTENSION	FT WALTON BEACH FL 32548
D Secretary	WRIGHT, LAURA	110 PERRY AVE	FT WALTON BEACH FL 32548
D Director	SUNNARBOG, PATTY	1170 Martin Luther King, Jr Blvd Bldg 7	Ft Walton Beach, FL 32547
			300003088189--1 -01/05/00--01007--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

KENT, MICHAEL G
348 MIRACLE STRIP PKWY
SUITE 13
FT WALTON BCH FL 32548

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/29/99

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA B WRIGHT, SECRETARY

11-29-99

Date

850-244-2116

Daytime Phone #

KE