PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN -3 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003585

1. Corporation Name

BAY POINTE VISTA III CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
210 HIDDEN BAY DRIVE OSPREY FL 34229 US	210 HIDDEN BAY DRIVE OSPREY FL 34229 US

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

REINSTATEMENT 99

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: 07/03/1996

5. FEI Number: 65-0556019 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	~~SHANABERGER, SAMUEL C~~ D'Agostino, Ken	210 HIDDEN BAY DRIVE	OSPREY FL 34229
DVPT	GEBHARD, DIETER	210 HIDDEN BAY DRIVE	OSPREY FL 34229
DAS	~~SNIFFEN, KIRBY~~ CALLANS, Beth	210 HIDDEN BAY DRIVE	OSPREY FL 34229
DVPA	~~THOMAS, MAMIE~~	~~210 HIDDEN BAY DRIVE~~	~~OSPREY FL 34229~~

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~PATTERSON, JOHN~~ ~~46 N WASHINGTON BLVD SUITE~~ 1 ~~SARASOTA FL 34236~~	Name: WILLIAM M. SEIDER Street Address (P.O. Box Number is Not Acceptable): 200 S. ORANGE Suite, Apt. #, Etc.: City: SARASOTA State: FL Zip Code: 34236

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: William M Seider REQUIRED — Date:
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: Beth Callans REQUIRED Asst. Director — 12-4-99 — 941-387-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060973