

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N96 000003585*

1. Corporation Name

*BAY POINTE VISTA III CONDOMINIUM
ASSOCIATION, INC.*

2. Principal Office Address

210 HIDDEN BAY DRIVE

Suite, Apt. #, etc.

City & State

OSPREY, FLORIDA

Zip

34229

Country

USA

3. Mailing Office Address

C/O PROGRESSIVE COMMUNITY

Suite, Apt. #, etc. *MANAGEMENT, INC.*

- 2100 CONSTITUTION BOULEVARD

City & State *SUITE 118*

SARASOTA, FLORIDA

Zip

34231

Country

USA

REINSTATEMENT

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

7/3/1996

5. FEI Number

65-0556019

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

BECKER + POLIAKOFF, P.A.

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

630 S. ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

Date *12/19/02*

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	GEORGE L. EDWARDS	242 HIDDEN BAY DRIVE UNIT #503	OSPREY, FL 34229
V/D	VICTOR PETITO	242 HIDDEN BAY DRIVE UNIT #404	OSPREY, FL 34229
S/T/D	RICHARD W. SPEARS	242 HIDDEN BAY DRIVE UNIT #502	OSPREY, FL 34229

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-02

Date

9419181699

Daytime Phone #

CR2E081 (9/01)

LAW OFFICES

BECKER & POLIAKOFF, P.A.

630 South Orange Avenue, 3rd Floor
Sarasota, Florida 34236

Phone: (941) 366-8826 Fax: (941) 952-1481
FL Toll Free: (800) 282-8613

Florida Offices

Administrative Office
3111 Stirling Road
Ft. Lauderdale, FL 33312
U.S. Toll Free: (800) 432-7712
bp@becker-poliakoff.com

Boca Raton*

Ft. Myers

Ft. Walton Beach

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Jacksonville

Largo

Melbourne*

Miami

Naples

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by appointment only

International and Affiliated Offices

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Czech Republic

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People's Republic
of China

Bern, Switzerland

Sarasota

Kevin L. Edwards

kedwards@becker-poliakoff.com

December 19, 2002

Secretary of State
Division of Corporations
Attn: Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

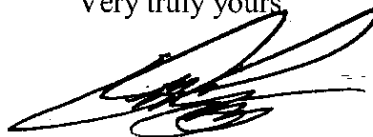
Re: Bay Pointe Vista III Condominium Association, Inc.
Ref No. N96000003585

Dear Sir or Madam:

The enclosed Corporation Reinstatement document has been revised in accordance with your correspondence dated November 25, 2002.

Please file this document as soon as possible. Should you have any questions, please contact me directly at 800-282-8613.

Very truly yours,



Kevin L. Edwards
For the Firm

KLE/do
Enclosures

 **CONSULEGIS** REIG
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