

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 SEP 28 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005131

1. Corporation Name

Garden Homes at Bayside ~~Property~~ <sup>Property</sup> Owners Association, Inc.

Principal Place of Business

Mailing Address

10221 Hwy 98 West  
Suite # 23  
Destin, FL 32541

P.O. Box 6225

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

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida

10/7/96

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	Dr. Peter R. Cimmino	967 Kings Post Road	Rockledge, FL 32955
DVP	Gene Raus	35 HIBISCUS Lane	Destin, FL 32541
D	John Macmanus	49 Hibiscus Lane	Destin, FL 32541

300002651763-8  
-09/29/98-01071-003  
\*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Jay B. Gelder

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

10221 HWY 98 West Suite #23

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

*Jay B. Gelder*

REGISTERED AGENT MUST SIGN

Date

9/25/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gene Raus*

9/26/98

Date

Daytime Phone #

CREATED: 9/98