

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 24 AM 9:45

CORPORATION
REINSTATEMENT



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N97000005159

1. Corporation Name

BAY OAKS Homeowners' Association,
Inc.

100013034511
02/24/03--01066--017 **542.50

REINSTATEMENT 08-03

2. Principal Office Address

310 79th ST. W

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

34209

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/1997

5. FEI Number

☒ 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

DAMIAN M. OZARK

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

2808 MANATEE AVE W,

Suite, Apt. #, Etc.

#1

City

BRADENTON,

State
FL

Zip Code

34205

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

Damian M. Ozark

DAMIAN M. OZARK

Date 1-10-2003

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
Pres	Tony Jennison	310 79th ST. W.	BRADENTON, FL 34209
VPS	Willard S. Raker	408 79th ST. W.	BRADENTON, FL 34209
TR	RON LATRONICA	302 79th ST W.	BRADENTON, FL 34209
All Three of the officers are also Directors			

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 corporation's 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:

Ron Latronica

RON LATRONICA 1/9/2003

(941)
750-9760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #