

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N98000005027
 1. Corporation Name
BAY PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1096 OLD HIGHWAY 98 SUITE C102B DESTIN FL 32541	1096 OLD HIGHWAY 98 SUITE C102B DESTIN FL 32541

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

FILED
 99 OCT 25 AM 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04/22/99 90122 027 #4/25

4. Date Incorporated or Qualified To Do Business in Florida	08/28/1998
5. FEI Number	59-3602622
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4
P/VTS	GUERCIO, MARY LIB	1096 OLD HIGHWAY 98	DESTIN-FL-32541
D	GUERCIO, MARY LIB	1096 OLD HIGHWAY 98	DESTIN-FL-32541
P/D	FRED H. SISK, JR.	258 EVANGELINE DR	MANDEVILLE LA 70471
VP/D	ELLEN TABOR	214 INNER CIR	MAXWELL AFB AL 36113
S/T/D	JAMES LYONS	8862 BAYPINE DR	DESTIN FL 32541

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID B. PLEAT, PLEAT & ASSOCIATES, P.A. 4477 LEGENDARY DRIVE SUITE 202 DESTIN FL 32541	Name	CATHY J. LEE
	Street Address (P.O. Box Number is Not Acceptable)	1096 OLD HWY 98
	Suite, Apt. #, Etc.	SUITE C102B
	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: Cathy J. Lee REGISTERED AGENT MUST SIGN Date: 10-18-99

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: Fred H. Sisk, Jr. Date: 10/22/99 Daytime Phone #: 429-1370

CREATING (8/97)