

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 PM 1:24

DOCUMENT # N 99000002862

1. Corporation Name

BAYSIDE AT BAREFOOT BEACH HOMEOWNERS ASSOCIATION, INC.

04-14-01 90065 045 \$66.25

2. Principal Office Address

242 Barefoot Beach Blvd.

3. Mailing Office Address

242 Barefoot Beach Blvd.

REINSTATEMENT 01-02

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

City & State

Bonita Springs, Florida

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

05/04/1999

5. FEI Number

650933346

☒ Applied For

☐ Not Applicable

Zip

34134

Country

USA

Zip

34134

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert E. Murrell, Esq., Samouce, Murrell & Francoeur, P.A.

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

800 Laurel Oak Drive

300004776533-1

01/18/02-01011-02

Suite, Apt. #, Etc.

300

***236.25 ***236.25

City

Naples

State
FL

Zip Code
34108

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

Robert E Murrell

Date 11/19/01

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
VP	George Kellogg D	242 Barefoot Beach Blvd.	Bonita Springs, FL 34134
PRES.	Sam Robinson D	228 Barefoot Beach Blvd.	Bonita Springs, FL 34134
TS	Henry Floreani D	6715 Old Banyon Way	Naples, FL 34109

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)(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

Date

Daytime Phone #

941-949-7213

CR2E001 (8/00)