

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000204112 3)))



H130002041123ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

# 8891875

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
BAYSHORE GARDENS COMMERCIAL CENTER  
CONDOMINIUM ASSOC


|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$796.25 |

SEP 13 2013

R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FL 89002041123  
13 SEP 13 AM 10:56

| <b>CORPORATION REINSTATEMENT</b>  |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  | CR2E081 (11/10)   |  |
|---|-----------------------------------|--|--|---|--|
| <b>DOCUMENT #</b> N89000005899  |                                   |  |  |   |  |
| Corporation Name<br>Bayshore Gardens Commercial Center Condominium Association, Inc.  |                                   |  |  |   |  |
| 2. Principal Office Address - No P.O. Box #<br><b>2400 Reynolda Road</b>  |                                   |  | 3. Mailing Office Address<br><b>2400 Reynolda Road</b> |   |  |
| State, Apt. #, etc.   |                                   |  | State, Apt. #, etc.                                    |   |  |
| City & State<br><b>Winston-Salem, NC</b>  |                                   |  | City & State<br><b>Winston-Salem, NC</b>               |   |  |
| Zip<br><b>27106</b>   | Country<br><b>USA</b>             | Zip<br><b>27106</b>  | Country<br><b>USA</b>                                  | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>8/24/1999</b> |  |
| 5. FEI Number<br><b>59-3601896</b>  |                                   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                          |  |
| 6. CERTIFICATE OF STATUS DESIRED<br><input checked="" type="checkbox"/> Yes   |                                   |  |  | \$3.75 Additional Fee required for a Certificate of Status                      |  |
| 7. Name and Address of Current Registered Agent   |                                   |  |  |   |  |
| Name<br><b>NRAI Services, Inc.</b>  |                                   |  |  |   |  |
| Street Address (P.O. Box Numbers Not Acceptable)<br><b>1200 South Pine Island Road</b>  |                                   |  |  |   |  |
| State, Apt. #, etc.   |                                   |  |  |   |  |
| City<br><b>Plantation</b>   | State<br><b>FL</b>                | Zip Code<br><b>33324</b>   |  |   |  |
| 8. I, being appointed as registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0903, F.S.<br>Signature of Registered Agent: <i>Michele Holden</i> <b>Michele Holden, Asst Sect</b> Date <b>09/13/13</b><br>REGISTERED AGENT MUST SIGN   |                                   |  |  |   |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                   |  |  |   |  |
| Title   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director   | City / State / Zip                                     |   |  |
| D.P., VP&T  | Ana Medrano                       | 2400 Reynolda Road   | Winston-Salem, NC 27106                                |   |  |
| DS  | Irina Carbella                    | 2400 Reynolda Road   | Winston-Salem, NC 27106                                |   |  |
| D   | Matthew Howarth                   | 465 First Street West, Second Floor  | Sonoma, CA 95476                                       |   |  |
| D   | Peter Wohlfeller                  | 465 First Street West, Second Floor  | Sonoma, CA 95476                                       |   |  |
| <b>REINSTATEMENT</b>  |                                   |  | SEP 13 2013  |   |  |
|   |                                   |  | R. HUNT  |   |  |
| 10. E-mail Address: amedrano@bbandl.com (To be used for future annual report notification)  |                                   |  |  |   |  |
| 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. |                                   |  |  |   |  |
| SIGNATURE: <u>Ana Medrano</u>   |                                   | <i>Ana Medrano</i>   |  | 8/11/13 041-787-8510  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   |  |  |   |  |

FL 89002041123