

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000045134

1. Corporation Name

BAYSIDE REALTY, INC.

Principal Place of Business

305 AVE. B SOUTH  
CARRABELLE FL 32322

Mailing Address

P.O. BOX 797  
CARRABELLE FL 32322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~PO Box 267~~

3. New Mailing Office Address, If Applicable

~~PO Box 267~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/2000

5. FEI Number

59-3652315

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WHITE, FRED M	999 RIVER RD., P.O. BOX 797	CARRABELLE FL 32322
D	WILLIAMS, RAYMOND	304 AVE. F, SOUTHEAST, P.O. BOX 64	CARRABELLE FL 32322

800004688238--9  
-11/20/01--01006--024  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

WHITE, FRED M  
305 AVE. B SOUTH  
CARRABELLE FL 32322

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Freda M White

Signature of  
Registered Agent

*Freda M White*  
REGISTERED AGENT MUST SIGN

Date

10/29/01

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.

RAYMOND L. WILLIAMS

SIGNATURE:

*Raymond L Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01  
Date

850-697-3919  
Daytime Phone #

CR2E040 (8/01)

2012

Raymond Williams  
Broker/Owner

**BAYSIDE REALTY, INC.**  
PO Box 267, 101 Marine St.  
Phone 850-697-3919 FAX 850-697-8371  
Carrabelle, FL 32322

Freda White  
Broker/Owner

October 29, 2001

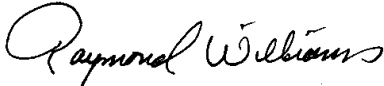
Department of State-  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

I have just received notice of dissolution or revocation of Bayside Realty, Inc., due to failure to submit our annual corporate report. We did not file the report because we did not receive the necessary reporting forms.

I respectfully request that Bayside Realty, Inc., document number P00000045134 be reinstated to an active status. We would also like to request that the \$600.00 fee for reinstatement be waived since we did not receive the reporting forms.

Enclosed is our application for reinstatement which we requested upon receiving notification of the dissolution or revocation. Our check number 1199 for \$150.00 is also enclosed.

Sincerely,



Raymond Williams

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