

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 FEB -4 PM 3:53

**DOCUMENT # P0000055481**

1. Corporation Name

**BAYSIDE INTERACTIVE, INC.**

Principal Place of Business

330 BISCAYNE BLVD.  
SUITE 801  
MIAMI, FL 33132

Mailing Address

330 BISCAYNE BLVD.  
SUITE 801  
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable

*Michel Charles*  
330 Biscayne Blvd  
Suite, Apt. #, etc. # 801  
City & State Miami FL  
Zip 3332 Country U.S.A

3. New Mailing Office Address, If Applicable

330 Biscayne Blvd  
Suite, Apt. #, etc. # 801  
City & State Miami FL  
Zip 33132 Country U.S.A

**REINSTATEMENT 01-02**

04-12-01 9012 042 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

06/07/2000

5. FEI Number

651017356

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SPARFEL, THIERRY	330 BISCAYNE BLVD. SUITE 801	MIAMI FL 33132
D	Michel Charles	330 Biscayne Blvd	Miami FL 33132
			800004890908--1 -02/07/02--01070--003 ****750.00 ****750.00
			<i>JB 2/6</i>

8. Name and Address of Current Registered Agent

SPARFEL, THIERRY  
330 BISCAYNE BLVD.  
SUITE 801  
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name *Michel Charles*  
Street Address (P.O. Box Number is Not Acceptable) *330 Biscayne Blvd #801*  
Suite, Apt. #, Etc. *801*  
City *Miami* State **FL** Zip Code *33132*

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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:

**SIGNATURE REQUIRED** MICHEL CHARLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E040 (8/01)