

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 CORPORATIONS

02 FEB -4 PM 3:53

DOCUMENT # P00000055481

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



REINSTATEMENT 01-02

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.
City & State
Miami FL
Zip
33132
Country
U.S.A

3. New Mailing Office Address, If Applicable

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SPARFEL, THIERRY	330 BISCAYNE BLVD. SUITE 801	MIAMI FL 33132
D	Michel Charles	330 Biscayne Blvd	Miami FL 33132

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****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL

CHARLES

Date

Daytime Phone #