

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PS Hofer*

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Jim Smith**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 16 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/06/02--01066--010 \*\*\*750:00



REINSTATEMENT 02-03

DOCUMENT # **P0000089805**

1. Corporation Name

**BAYSHORE FINANCIAL, INC.**

Principal Place of Business

6900 S. GRAY ROAD  
INDIANAPOLIS IN 46237

Mailing Address

6900 S. GRAY ROAD  
INDIANAPOLIS IN 46237

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/21/2000

5. FEI Number

35-2120353

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
P	JACKSON, ETHAN	P.O. BOX 4870	ST CROIX VI 00851
VPTD	JACKSON, BLAKE A	6900 S GRAY ROAD	INDIANAPOLIS IN 46237
VPD	JACKSON, WESSLEY E	6900 S GRAY ROAD	INDIANAPOLIS IN 46237
VPD	JACKSON, KYLE E	6900 S GRAY ROAD	INDIANAPOLIS IN 46237
S	WILLIAMS, TERESA C	6900 S GRAY ROAD	INDIANAPOLIS IN 46237
VP	COX, DAVID	<del>8801 HUNTERS LAKE DR # 817</del> 9421 Hunters Pond Drive	TAMPA FL 33647

*See Attached for current officers*

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of Registered Agent

*Barbara A. Burke*  
REGISTERED AGENT MUST SIGN

**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY  
Date *4-03*

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:

*Teresa W. Meaney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


*11-1-02*  
Date

*317-783-5461*  
Daytime Phone #

CR2E040 (8/02)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**  
1. Entity Name  
Bayshore Financial, Inc.



*for officers only*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6900 S. Gray Road  
Suite, Apt. #, etc.

3. Mailing Address  
6900 S. Gray Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Indianapolis, IN

City & State  
Indianapolis, IN

4. FEI Number  
35-2120353

Applied For  
 Applied For  
 Not Applicable

Zip  
46237

Country  
USA

Zip  
46237

Country  
USA

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

City  
Plantation

State  
FL

Zip Code  
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Wessley E. Jackson 6900 S. Gray Road Indianapolis, IN 46237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ethan Jackson P.O. Box 4870, St. Croix, VI 00851	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/Director Blake A. Jackson 6900 S. Gray Road Indianapolis, IN 46237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Director Kyle E. Jackson 6900 S. Gray Road Indianapolis, IN 46237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Cox 9421 Hunters Pone Dr. Tampa, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Teresa C. Williams 6900 S. Gray Road, Indpls., IN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa C. Williams, Secretary Date: 4-14-03 Daytime Phone #: 317-783-5461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR