

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 28 PM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101227

1. Corporation Name

Boyside Arms Apartments, INC.

2. Principal Office Address

232 4TH ST. N

Suite, Apt. #, etc.

3. Mailing Office Address

2032 Mass Ave NE

Suite, Apt. #, etc.

City & State

ST. PETE FL

City & State

ST. PETE FL

Zip

33701

Country

U.S

Zip

33703

Country

U.S

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

10-26-2000

5. FEI Number

59-3679302

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRAGG CRANE

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

2032 Massachusetts Ave NE

Suite, Apt. #, Etc.

S

City

ST. PETE FL

State

FL

Zip Code

33703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 10-25-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BRAGG CRANE	2032 MASS AVE NE ST. PETE FL 33703	ST. PETE FL 33703
Treas	Ken Rydbeck	5002 SWALLOW DR.	Largo FL 34639

10. 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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-05 727638-0581

Date

Daytime Phone #