

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 12 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000062231

1. Corporation Name

Bay Harbor Homes, Inc.

2. Principal Office Address

11242 Matlacha Ave/.

Suite, Apt. #, etc.

Matlacha, FL 33993

City & State

Matlacha, FL

Zip

33993

Country

Lee

3. Mailing Office Address

11242 Matlacha Ave.

Suite, Apt. #, etc.

City & State

Matlacha, FL

Zip

33993

Country

Lee

800038938178
07/09/04--01047--004 **1050.00

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/13/01

**5. FEI Number
applied for**

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

Jerome Rife

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

11242 Matlacha Avenue

Suite, Apt. #, Etc.

City

Matlacha,

State

FL

Zip Code

33993

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

Jerome Rife

REGISTERED AGENT MUST SIGN

Date 4/28/04

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
P/D	Jerome Rife	11242 Matlacha Avenue	Matlacha, FL 33993

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)(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:

Jerome Rife
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

(239) 945-8500

Daytime Phone #

CR2E081 (01/04)