

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000127601**

1. Corporation Name

BAY SIDE LAND INC.

Principal Place of Business

5713 EAST LONGBOAT BLVD.
TAMPA FL 33615

Mailing Address

5713 EAST LONGBOAT BLVD.
TAMPA FL 33615

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

11/25/2002

5. FEI Number

84-1622301

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
PT	CARUSO, ART	5713 E. LONGBOAT BLVD.	TAMPA FL 33615
VS	CARUSO, JILL	5713 E. LONGBOAT BLVD.	TAMPA FL 33615

000024414260
11/04/03--01054--015 **158.75

8. Name and Address of Current Registered Agent

CARUSO, ART
5713 E. LONGBOAT BLVD.
TAMPA FL 33615

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/28/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
ART CARUSO

Date

10/28/03 (813) 814.4453

Daytime Phone #

CR2E040 (7/03)

BAY SIDE LAND INC.

**5713 E. Longboat Blvd.
Tampa, FL 33615**

October 28, 2003

**FLORIDA DEPTMANTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314**

Re: Reinstatement

To Whom It May Concern:

I did not receive the two prior UBR notices. If I had the corporation would have complied.

Enclosed is the completed application for reinstatement and filing fee of \$158.75, that includes the additional fee for Certificate of Status.

Respectfully,



**Art Caruso
President**