

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 18 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000147215

1. Corporation Name

BAYSIDE INVESTMENTS OF PINELLAS, INC.
1214 WEST BEARSS AVENUE
TAMPA, FLORIDA 33613

2. Principal Office Address

7101 ORGANDY DRIVE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

Zip

33702

Country

PINELLAS

3. Mailing Office Address

1214 WEST BEARSS AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33613

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2004

5. FEI Number

20-1768468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

PAUL R. SHORT

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

1214 WEST BEARSS AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33613

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

Date 10/15/2006

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
DP	MICHAEL ZINATCH	7101 ORGANDY DRIVE NORTH	ST. PETERSBURG, FL. 33702

500080960215
10/18/06--01040--018 **900.00

M 10/24

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 contained in Chapter 119, 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

MICHAEL ZINATCH, PRES.

Date

10/15/2006

Daytime Phone #

727-527-3848