

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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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 1214 WEST BEARSS AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33702

Country

PINELLAS

Zip

33613

Country

HILLSBOROUGH

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

CR2E081 (12/05)

OS-06

10/20/2004

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1768468

Applied For

Not Applicable

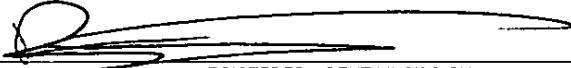
6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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 10/15/06-01040--018 **800.00
	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. 10/15/2006 727-527-3848  
Daytime Phone #