

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 20 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008753**

1. Corporation Name

BAYSIDE ENTERPRISES, INC

800023954758
10/20/03--01039--016 **150.00

REINSTATEMENT 03

2. Principal Office Address

3764 VICTORIA DR

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 18277

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33460

PALM BEACH

City & State

WEST PALM BEACH, FL

Zip

Country

33460

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1993

5. FEI Number

65-0387435

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT T DOBSON

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

3764 VICTORIA DRIVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

Robert T Dobson

REGISTERED AGENT MUST SIGN

Date

10/14/2003

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	ROBERT T DOBSON	3764 VICTORIA DRIVE	WEST PALM BEACH, FL 33406

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)(l), 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:

Robert T Dobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DOBSON

Date

10/14/2003

Daytime Phone #

561-967-0666

CR20081 (10/02)

21 10/12

C.R. COOPER, CPA, PA
5350 10TH. Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

October 16, 2003

Department Of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32399

Taxpayer: Bayside Enterprises, Inc
FEIN 65-0387435
Tax Form: Uniform Business Report
Tax Period: 2003

To Whom It May Concern:

We have enclosed the UBR Reinstatement Form and the check # 8733 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Dobson did not receive the original UBR, and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

cc