

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -1 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 10246

1. Corporation Name

BAYSIDE TITLE COMPANY, INC

2. Principal Office Address

1419 W. WATERS

Suite, Apt. #, etc.

108

City & State

TAMPA

Zip

33604

Country

HILLSBOROUGH

3. Mailing Office Address

1419 W. WATERS

Suite, Apt. #, etc.

108

City & State

TAMPA

Zip

33604

Country

HILLSBOROUGH

REINSTATEMENT 00-01

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

01/31/1994

5. FEINumber

593224022

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

SUSAN S. FERNANDEZ

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

1419 W. WATERS

Suite, Apt. #, Etc.

108

City

TAMPA

State

FL

Zip Code

33604

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

Susan S. Fernandez
REGISTERED AGENT MUST SIGN

Date 1-28-01

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	SUSAN S. FERNANDEZ	19610 Lake Osceola LN	ODESSA, FL 33556

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:

Susan S. Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-01

Daytime Phone #

813-936-3230