

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 290998

1. Corporation Name
BAY EXTERMINATORS, INC

REINSTATEMENT 03

800024875878
11/20/03--01022--006 **150.00

2. Principal Office Address 3424 W. Cypress ST		3. Mailing Office Address P.O. Box 4363	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL, 33677	
Zip 33607	Country HILLSBOROUGH	Zip 33677	Country HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida 1965	
5. FEI Number 59-1097790	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name DIAZ, IVAN		
Street Address (P.O. Box Number is Not Acceptable) 4608 ST. VINCENT ST.		
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33616

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: **Ivan Diaz** Date: **NOV 13, 03**

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
VSD	DIAZ, IVAN	4608 ST. VINCENT ST.	TAMPA, FL 33614
SD/D	DIAZ, PATRICIA	2112 W. MARQUETTE	TAMPA, FL 33616
PD	DIAZ, DIANA	8808 S. LOYDON ST.	TAMPA, FL 33614

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)(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: **Ivan Diaz, VSD (IVAN DIAZ)** Date: **NOV 13, 03** Daytime Phone #: **813-872-4484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

November 13, 2003

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please note that I have never received a Corporation Renewal notice (Doc. #290998) for the year 2003. The first renewal notice and past due notice was never received by me and was never forwarded to me.

I have been in business since 1965 and have always renewed this notice promptly, and have never filed dissolution of corporation. I would never ignore this notice and renewal for the year 2003.

Sincerely,



Ivan Diaz

Bay Exterminators, Inc. FE#59-1097790

P.O. Box 4363

Tampa, FL 33677