L14291

(MAIL - SIB)

STATE INFORMATION BUREAU INC
Requestor's Name

842 E. PARK AVE
Address

Tally 32301 561-3990
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Michael D. BAYS INSURANKE INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
99 DEC 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

12-20-99

RECEIVED
99 DEC 20 PM 1:55
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

NC Amend

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

500003083535--4
-12/29/99--01002--008
***1235.00 *****35.00

S. PAYNE DEC 29 1999

S. PAYNE DEC 29 1999

Examiner's Initials	

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 21, 1999

STATE INFORMATION BUREAU, INC.

TALLAHASSEE, FL

SUBJECT: MICHAEL D. BAYS INSURANCE INC.
Ref. Number: L14291

We have received your document for MICHAEL D. BAYS INSURANCE INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 1996 annual report. The entity must be reinstated before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 499A00059638

RECEIVED
99 DEC 29 AM 9:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

99 DEC 29 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF MICHAEL D. BAYS INSURANCE, INC.

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Amendments to its Articles of Incorporation:

1. The name of the corporation is **MICHAEL D. BAYS INSURANCE, INC.**

2. Text of each of the amendments is as follows:

ARTICLE I

The amended name of the corporation is **MICHAEL D. BAYS INSURANCE AGENCY, INC.**

3. This amendment was adopted on the 17th day of December, 1999.

4. The amendments were duly approved by the Board of Directors and shareholders in accordance with section 607.1003.

Dated this 17th day of December, 1999.

MICHAEL D. BAYS INSURANCE, INC.

By: _____
MICHAEL D. BAYS, President
Its (authorized officer)