99 15:19 ID=

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ICATION OR TATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 29 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUMENT # L14291

poration Name
Michael D Bays Insurance Inc

al Place of Business
05 N. Lecanto Hwy
verly Hills, FL 34465

Mailing Address

600003083536--1
-12/29/99--01002--008
***1235.00 ***1200.00

ve addressed are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable
n/a
Apt. #, etc.
n/a
State
n/a
n/a
County
USA

3. New Mailing Office Address, if Applicable
n/a
Suite, Apt. #, etc.
n/a
City & State
n/a
Zip
n/a
County
n/a

4. Date Incorporated or Qualified To Do Business in Florida
1/1/1982

5. FEI Number
59-2952902
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

nes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Mike D. Bays	3905 N. Lecanto Hwy	Beverly Hills, FL 34465
Pres Mike D. Bays	3905 N. Lecanto Hwy	Beverly Hills, FL 34465
Mike D. Bays	3905N. Lecanto Hwy	Beverly Hills, FL 34465
Mike D. Bays	3905 N. Lecanto Hwy	Beverly Hills, FL 34465

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent
chael D. Bays
05 N. Lecanto Hwy
verly Hills, FL 34465

9. Name and Address of New Registered Agent
Name: Michael D. Bays
Street Address (P.O. Box Number is Not Acceptable): 3905 N. Lecanto Hwy
Suite, Apt. #, Etc.:
City: Beverly Hills
State: FL
Zip Code: 34465

ORG 051 (12/99)

ning appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

e of ed Agent: Michael D Bays
REGISTERED AGENT MUST SIGN
Date: 12-24-99

This corporation owes the current year ntangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

ify 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 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 d 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 u application is true and accurate, and my signature shall have the same legal effect as if made under oath.

ATURE: Michael D Bays, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12-24-99
(Daytime Phone #)
Phone (352) 746-7008

S. PAYNE DEC 29 1999