

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000042478**

1. Corporation Name

BAJCO, INC.

Principal Place of Business

Mailing Address

939 Beach Rd.

939 Beach Rd.

SANIBEL FL 33957

Sanibel, FL 33957

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

939 Beach Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

939 Beach Road

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip

Country

City & State

Sanibel, FL

Zip

Country

33957

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	ALFRED M. HELO, JR.	939 Beach Road	SANIBEL FL 33957
S	Alfred M.		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Alfred M. Helo, Jr.

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

939 Beach Road

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Alfred M. Helo, Jr.
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **2/2/04**

11. 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:

Alfred M. Helo, Jr.
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/04 **239-4721567**

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:00

REINSTATEMENT

02-04
MRS



800028435738

02/09/04--01058--009 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1999

5. FEI Number

65-0931778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2040 (8/02)