

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000007839

1. Corporation Name

BAILEY'S SERVICES, INC.

FILED

01 OCT 16 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2135 BAYVIEW RD  
JACKSONVILLE FL 32210

Mailing Address

2135 BAYVIEW RD  
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/1994

5. FEI Number

59-3228471

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BAILEY, ELAINE	631 N 15TH STREET	FERNANDINA BEACH FL 32034
ST	HESTEKIN, RICKY	4611 CEDARWOOD	JACKSONVILLE FL
D	HESTEKIN, SHARON	4611 CEDARWOOD RD	JACKSONVILLE FL 32210
			300004659263--7 -10/30/01--01055--011 ****150.00 ****150.00
			01

8. Name and Address of Current Registered Agent

THORNTON, EVELYN  
2135 BAYVIEW RD  
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*Evelyn Thornton*  
REGISTERED AGENT MUST SIGN

Date 10/15/01

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:

*Elaine Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

CH2040 (8/01)

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BAILEY'S SERVICES, INC.  
2135 BAYVIEW ROAD  
JACKSONVILLE, FLORIDA 32210

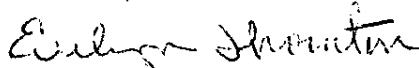
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida 32339


To: Katherine Harris  
Secretary of State

We wish to state the forms we needed to file did not arrive in our mail. This Certificate of Dissolution is the first mail from your office. In fact, we thought it was the annual report until the form was read.

Please accept our apology for this form being late. We are requesting reinstatement to "active" status.

Thanks,

  
Evelyn Thornton/Registered Agent

  
Elaine Bailey/Director