

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -2 AM 8:56

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 1000001047

1. Corporation Name

BAY SPRINGS, INCORPORATED

200040044932
08/10/04--01042--001 **367.50

2. Principal Office Address

4424 TARPON DRIVE

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

Zip

33617

Country

USA

3. Mailing Office Address

4424 TARPON DRIVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33617

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

FEBRUARY 14, 2001

5. FEI Number

59-3698020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELBERT L. TAYLOR

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

4424 TARPON DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33617

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

Elbert L. Taylor

Date 7-29-04

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
C	ELBERT L. TAYLOR	4424 TARPON DRIVE	TAMPA, FL 33617
V	JAMES CROWE	3008 GATE DRIVE #162	TAMPA, FL 33613
S+T	GLORIA BAGLEY	4424 TARPON DRIVE	TAMPA, FL 33617

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:

Elbert L. Taylor

7-28-04 813-767-0991

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED01 (01/04)