

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -3 PH 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200110235282
10/03/07--01036--020 **150.00

DOCUMENT # J90376

1. Corporation Name

BAYSIDE GENERAL CONTRACTING, INC.
1016A JOHN SIMS PKY
NICEVILLE, FL. 32578

2. Principal Office Address - No P.O. Box #
1016A JOHN SIMS PKY.

3. Mailing Office Address
1016A JOHN SIMS PKY.

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
NICEVILLE, FL

City & State
NICEVILLE, FL.

Zip 32578 Country OKALOOSA

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4. Date Incorporated or Qualified
To Do Business in Florida 7/1/1987

5. FEI Number 59-2845380 Applied For Not Applicable

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

REINSTATEMENT
CR2E081 (1/07)

07

7. Name and Address of Current Registered Agent

Name JOHN A. HAZLETT

Street Address (P.O. Box Number is Not Acceptable)
1016A JOHN SIMS PKY

Suite, Apt. #, Etc.
N/A

City NICEVILLE

State FL Zip Code 32578

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

~~SEE ATTACHED~~

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

Date OCTOBER 1, 2007

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
PRES.	JOHN A. HAZLETT	4347 HIDDEN LAKES DR.	NICEVILLE, FL. 32578
ST	BEVERLY A. HAZLETT	4347 HIDDEN LAKES DR.	NICEVILLE, FL. 32578

\$710/5

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. HAZLETT

10/1/2007 850-678-8826

Date

Daytime Phone #