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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 OCT 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900060964099
10/27/05--01025--008 **450.00

REINSTATEMENT 03-05

CR2E031 (8/05)

DOCUMENT # 222293

1. Corporation Name

Bay Lands, Inc of Panama City

2. Principal Office Address	**3.** Mailing Office Address
808 Harmon Avenue	P. O. Box 767
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Panama City, FL	Panama City, FL
Zip: 32401 Country: USA	Zip: 32402 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 7, 1959

5. FEI Number: 596058441 ☐ 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: Wm. Duncan McQuagge

Street Address (P.O. Box Number is Not Acceptable): 808 Harmon Avenue

Suite, Apt. #, Etc.:

City: Panama City State: FL Zip Code: 32401

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: Wm. Duncan McQuagge — REGISTERED AGENT MUST SIGN

Date: Oct. 24, 2005

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
P	Wm. Duncan McQuagge	808 Harmon Avenue	Panama City, FL 32401
T/S/D	" "	" " "	" " " "

10. I certify that I am an officer or director of 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: Wm. Duncan McQuagge, President — October 24, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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BAY LANDS, INC OF PANAMA CITY
P. O. Box 767
Panama City, FL 32402

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen and Ladies:

Per instructions from you office this letter is to inform you of my failure to receive the 2003 Annual Report notice 1st of 2nd notice after my post office box was closed even though you had my office address on all forms previously.

Enclosed is a check for $450.00 also as per instructions from your office for Corporation Reinstatement (Form also enclosed).

Bay Lands, Inc of Panama City

Wm. Duncan McQuagge, President