

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 OCT 27 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 03-05
CR2E081 (8/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 222293			
1. Corporation Name Bay Lands, Inc of Panama City			
2. Principal Office Address 808 Harmon Avenue Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 767 Suite, Apt. #, etc.	
City & State Panama City, FL		City & State 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 24, 2005

Date Daytime Phone #

10/31
aw

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

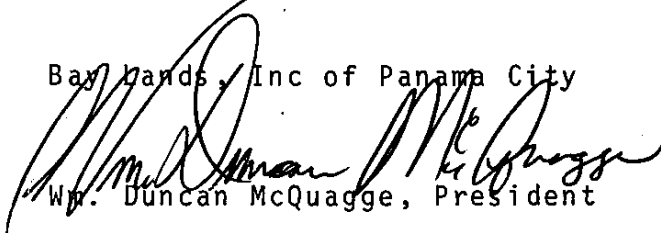
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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