

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 483305

1. Corporation Name

BAYMONT, INC.

Principal Place of Business

14100 58TH STREET N.
RUBIN ICOT CENTER
CLEARWATER FL 33760

Mailing Address

14100 58TH STREET N.
RUBIN ICOT CENTER
CLEARWATER FL 33760

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

08/22/1975

5. FEI Number

59-1670918

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
CD	VAN ADEL, ROBERT	2010 WINSTON PARK DRIVE	OAKVILLE, ONTARIO
PD	BROWN, R.W.	14100 58TH ST. NO.	CLEARWATER FL
VSTD	QUACKENBUSH, M.P.	14100-58TH ST.,N.	CLEARWATER FL
AST	LEGAULT, G.J.	2010 WINSTON PARK DRIVE	OAKVILLE, ONTARIO
			5000665473405--8 -11/21/00--01109--011 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

QUACKENBUSH, MICHAEL P.
14100 58TH STREET N.
CLEARWATER FL 33760

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

Robert W. Brown
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date October 27, 2000

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:

Robert W. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 27, 2000
Date

727-539-1661
Daytime Phone #