

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 681432**

1. Corporation Name

Bay City Bargain Plywood of  
St. Petersburg, Inc.

Principal Place of Business

Mailing Address

12575 U.S. Hwy. 19  
St. Petersburg, FL 33541

4335 E. Hillsborough Avenue  
Tampa, FL 33610

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/80

5. FEI Number

59-2021207

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	
PD	Dunbar, Carl L.	4335 E. Hillsborough Avenue	Tampa, FL 33610
STD	Dunbar, Kurt M.	4335 E. Hillsborough Avenue	Tampa, FL 33610

8. Name and Address of Current Registered Agent

Dunbar, Carl L.  
4335 E. Hillsborough Avenue  
Tampa, FL 33610

9. Name and Address of New Registered Agent

Name

Dunbar, Kurt M.

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

4335 E. Hillsborough Avenue

Suite, Apt. #, Etc.

City

Tampa

State  
**FL**

Zip Code  
33610

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

Kurt M. Dunbar

REGISTERED AGENT MUST SIGN

Date 07/11/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Kurt M. Dunbar, Secretary-Treasurer

07/11/97

Date

(813) 621-2198

Daytime Phone #

**REINSTATEMENT 88-97**

FILED

97 JUL 14 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2040 (12/96)