

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F93000003153

1. Corporation Name

Bayport Pipeline, Inc.
9080 Highway 2181
Denton, TX 76205

W9900008304

Principal Place of Business

Mailing Address

Same

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

4/95

5. FEI Number

76-0049475

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	4
Pres	James Hovanec	9080 Highway 2181	Denton, TX 76205
Sec	David Easley	9080 Highway 2181	Denton, TX 76205
Tres	David Easley	9080 Highway 2181	Denton, TX 76205

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Vivianne Jones/CT Corporation Systems

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Vivianne Jones

REGISTERED AGENT MUST SIGN

Vivianne Jones

Special Assistant Secretary

Date

4-1-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

DAVID EASLEY

DAVID EASLEY

TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

Date

940 484-4515

Daytime Phone #