

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 18 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000006325**

1. Corporation Name
H & M BAY, INC.

Principal Place of Business
4438 E NEW MARKET/HURLOCK HWY
HURLOCK MD 21643

Mailing Address
4438 E NEW MARKET/HURLOCK HWY
HURLOCK MD 21643



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 | | 4. Date Incorporated or Qualified To Do Business in Florida 12/29/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 52-1930791 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|--------------|-------------------------------------|---------------------------------------------------------------------------------------|-----------------------------|
| DC S | HAYMAN, LAWRENCE | 4438 E NEW MARKET/HURLOCK HWY | HURLOCK MD 21643 |
| DP | MESSICK, WALTER | 4438 E NEW MARKET/HURLOCK HWY | HURLOCK MD 21643 |
| T | SAULSBURY, AL | 4438 E NEW MARKET/HURLOCK HWY | HURLOCK MD 21643 |
| S | COLEMAN, WALTER | 4438 E NEW MARKET/HURLOCK HWY | HURLOCK MD 21643 |
| S | BURNETT, K. KING | 4438 E NEW MARKET/HURLOCK HWY | HURLOCK MD 21643 |

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|------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City | |
| | | 800002033948--9 -12/19/96--01060--025 ***375-00 State Zip Code FL | |

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: *Barbara A. Burke* **BARBARA A. BURKE**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN **12/16/96**

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)(f), 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: *Al Saulsbury* **SAULSBURY** **10-11-96** (410) 943-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone