

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 # **G25960**

1. Corporation Name

**BAY CLAY & SAND, INC.**

Principal Place of Business

P.O. BOX 67  
LYNN HAVEN FL 32244

Mailing Address

P.O. BOX 67  
LYNN HAVEN FL 32244

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

**REINSTATEMENT** 98

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1983

5. FEI Number

59-2359361

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)

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
P	CATO, H. THOMAS	301 ILLINOIS AVE	LYNN HAVEN FL
V	SUTOR, ALEX	2111 HIGH ROAD	TALLAHASSEE FL
S	NIX, CATHERINE	4652 BAYWOOD DRIVE	PANAMA CITY FL
T	SCHWARTZ, CARLTON	315 IOWA AVENUE	LYNN HAVEN FL
C	VINES, ROLAND	100 COUNTRY CLUB DRIVE	LYNN HAVEN FL

8. Name and Address of Current Registered Agent

CATO, H. THOMAS  
301 ILLINOIS AVENUE  
LYNN HAVEN FL 32444

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

*H. Thomas Cato*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11-25-98

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:

*H. Thomas Cato*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-25-98

Daytime Phone #

850 269 9134

CR2E040 (9/95)