

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 # H67655

1. Corporation Name

BAY AREA DOCKS

Principal Place of Business

Mailing Address

9002 West Hillsborough Ave
Tampa, Florida 33615

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Tampa, FLA 3

Zip

33615

Country

Hillsborough

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 85 AA

5. FCI Number

59 2552768

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
President	Kevin McNamara	3905 AMERICANA DR.	Tampa, FLA 33634

8/26
TS REINSTATEMENT 92-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kevin McNamara
9002 W Hillsborough Ave
Tampa, FLA 33615

Name

Kevin McNamara

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

9002 W Hillsborough Ave

Suite, Apt. #, Etc.

City

Tampa, FLA

State

FL

Zip Code

33615

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

Kevin McNamara

REGISTERED AGENT MUST SIGN

Date

7/30/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin McNamara/Acs 998 8/3 8554672

Date

Daytime Phone #

CR2040 (1/98)