PLEASE READ	ALL INSTRUCT	ONS BEFORE (COMPLETING THIS FORM.	
APPLICATION ,		TMENT OF STATE		
FOR	i.	ne Harris	• > = •	
REINSTATEMENT		y of State ORPORATIONS	FILED	
DOCUMENT # H. 760 3			DECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Corporation Name BAY LYNX ENTERPRISES INC. 34 PALMETTO AVE BIG PINC Key, FL 33043			01 APR 27 AM 8:53	
34 PALMETTO AVE	٠			
Principal Place of Business	-C 33043		;	
34 PALHETTO AJL	Mailing Address	430910		
D. O. de Key Ft.	BIR PIN	,,		
Big Pinc Key, FC 33043	,	33043-0910	REINSTATEMENT 94301	
If above addresses are incorrect in any way, line thro		enter correction below.		
New Principal Office Address, If Applicable	New Mailing Office Ad:	ress, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 9/09/85	
Suite, Apt. #, € to	Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State	City & State		59 - 2587877 Not Applicable	
Zip Country	Zip	Country	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 corp				
Title(s) Name of Officers and/or Directors 3 (Do		Street Address of Each Officer and/or Director NOT Use Post Office Box N	City / State / Zip	
Di .	21		Ave Big Pive Key, Pl	
1/D Thomas E Dobt	as i		33043-0910	
			600041952361 -05/11/01-01025-023	
			***1800.00 ***1800.00	
			6000041952361	
			1 105711701 101060 961 1	
			*******8.75 ******8.75	
			1954	
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent	
Thomas E Dobbs Street A 34 PALMETTO AVE P.D.BOX 430910 Suite, A BigPine Key, PD 33043-0913 City			O. Box Number is Not Acceptable)	
34 PALHETTO NIC	۷	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.	
B. B. K. F. 33043-1913		City	State Zip Code	
10. I, being appointed the registered agent of the above	named corporation, am fau	iliar with and accort the ob	FL	
Signature of	e named corporation, anniar	mai with and accept the ook	// 2.//s /	
Registered Agent	GISTERED AGENT MUST S	3N	Date	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.			(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 e ecute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 on this application have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same is paid effect as if made under oath.				
N/)h			
SIGNATURE: / HAMING O	//		4/34/01 305-745-1841 Date Daytime Phone #	