PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 30 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H78612**

REINSTATEMENT 00

1. Corporation Name

BACH & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2122 EDGEWATER DR. ORLANDO FL 32804 US	315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714

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
501 W. Fairbanks Ave	
Suite, Apt. #, etc. Winter Park Fl	Suite, Apt. #, etc.
City & State	City & State
Zip 32789 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/1985

5. FEI Number: 59-2610674 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BACH, SUSAN A.	315 SPRING VALLEY DR.	ALTAMONTE SPGS. FL
VP	BACH, LARRY A	315 SPRING VALLEY DR.	ALTAMONTE SPRINGS FL
			200003472552--1 -11/21/00--01052--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BACH, SUSAN A.
315 SPRING VALLEY DR.
ALTAMONTE SPGS. FL 32714

9. Name and Address of New Registered Agent

Name: Larry A Bach
Street Address (P.O. Box Number is Not Acceptable): 315 Spring Valley Dr
Suite, Apt. #, Etc.:
City: Altamonte Springs State: FL Zip Code: 32714

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: SIGNATURE REQUIRED Date: 10/26/00
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Date: 10/26/00 Daytime Phone #: KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Larry A. Bach VP

CR2E040 (8/00)

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