

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -3 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H91462

1. Corporation Name

bayside IGA, Inc.

2. Principal Office Address - No P.O. Box #

1370 Coastal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 37

Suite, Apt. #, etc.

City & State

Panacea

City & State

Panacea

Zip

32346

Country

USA

Zip

32346

Country

USA

7. Name and Address of Current Registered Agent

Name

Jo Barksdale

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

1001 Bloxham Cutoff

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

REINSTATEMENT 06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2627415

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Jo Barksdale

REGISTERED AGENT MUST SIGN

Date 10/3/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                            |
|-----------|--------------------------------------|---|---|
| President | Jo Barksdale                         | 1001 Bloxham Cutoff                               | Crawfordville FL 32327                        |
|           |                                      |   | 200110257522<br>10/04/07--01032--023 **300.00 |
|           |                                      |   |   |
|           |                                      |   |   |
|           |                                      |   |   |
|           |                                      |   |   |
|           |                                      |   |   |

10. 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 contained in Chapter 119, 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

Jo Barksdale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2007 (850) 528-1635

Date

Daytime Phone #

509-7063