PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

CORPORATION FLORIDA DEPARTMENT OF STATE 03:SEP AM 9:38	
DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT# _{J34861}	
1. Corporation Name	
BAYSIDE RESTAURANT SERVICE, INC.	
2. Principal Office Address 3. Mailing Office Address DEFINITIAL STATES AND	
212/ Princeton St 2127 Princeton St	सम्ब
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida	٦
City & State City & State	
Sarasota, F1 Sarasota, F1 59-2727157 Not Applica	ole
Zip Country Sarasota Sarasota Certificate of STATUS DESIRED S8.75 Additional Fee requirements of States of	
7. Name and Address of Current Registered Agent	
Name JAMES M DEUNGER	
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.	0.02)
Signature of Registered Agent Date 7-9-03 REGISTERED AGENT MUST SIGN	CR2E081 (1070)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	-
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	1
DP JAMES M DEUNGER 5246 Myakka Valley Tr Sarasota, Fl 34241	
	1
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 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.	
1 0 0 1/2 Day 1 1 0 0 00 00 001 21 5 1212	
SIGNATURE: THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

Deanna S. Jared, E.A.

Accounting and Tax Services 505 Simmons Ave. Sarasota, FL 34232 Phone: 941-378-9599 • Fax: 941-377-1789

DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

Re: BAYSIDE RESTAURANT SERVICE, INC. FEI 59-2727157
Document # J34861

PROFIT CORPORATION ANNUAL REPORT

We ask that the reinstatement fee of \$600.00 be waived. Bayside Restaurant Service, Inc. moved from 2050 Princeton St to 2127 Princeton St -one block down the street-had the same mailman, yet the 2001, 2002, 2003 UBR was returned to your office instead of being forwarded to the current address.

Attached is a "Corporate Reinstatement" form and a check in the amount of \$450.00 to bring the corporation back into compliance.

Thank you for this consideration.

Deanna S Jared, Accountant

James Deunger, President

Bayside Restaurant Service, Inc.