

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC -7 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 589416

1. Corporation Name

Bay Area Search, Inc.

2. Principal Office Address

1729 Lake Cypress Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1550/F3 Mc Mullen Booth Rd.

Suite, Apt. #, etc.

#212

City & State

Safety Harbor, FL

City & State

Clearwater, FL

Zip

34695

Country

USA

Zip

33709

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2845009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Valarie R. Jones

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

1729 Lake Cypress Dr.

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

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

Valarie R. Jones

REGISTERED AGENT MUST SIGN

Date 12/1/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Valarie R. Jones	1729 Lake Cypress Dr	Safety Harbor, FL 34695

REINSTATEMENT 9500

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.

SIGNATURE:

Valarie R. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valarie R. Jones

12-1-00 800-478-4618

Date

Daytime Phone #