

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 8:50

DOCUMENT # *LOUDD0000 6510*

1. Corporation Name

Bay County Management Company, L.L.C.

2. Principal Office Address

239 E. 4th Street

Suite, Apt. #, etc.

City & State

Panama City FL

Zip

32401

Country

USA

3. Mailing Office Address

239 E. 4th Street

Suite, Apt. #, etc.

City & State

Panama City FL

Zip

32401

Country

USA

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/1/2000

5. FEI Number

593651092

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

B. Jefferson Russell

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

239 E. 4th Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

500073721265
05/02/06 01044-026 ***05.00

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

B. Jefferson Russell
B. Jefferson Russell

Date *1-24-06*

REGISTERED AGENT MUST SIGN

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
MGRM	B. Jefferson Russell	239 E. 4th Street	Panama City, FL 32401
MGRM	Melissa Guest Russell	239 E. 4th Street	Panama City, FL 32401

REINSTATEMENT 05-06

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:

B. Jefferson Russell
B. Jefferson Russell

1-24-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #