

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 14 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07521

1. Corporation Name

Bay Hauling & Tank Corporation
141 N John Sims Parkway
Valparaiso, FL 32580

2. Principal Office Address

141 N John Sims Pkwy

Suite, Apt. #, etc.

City & State

Valparaiso FL

Zip Country
32580 USA

3. Mailing Office Address

141 N John Sims Pkwy

Suite, Apt. #, etc.

City & State

Valparaiso FL

Zip Country
32580 USA

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

8/7/1989

5. FEI Number

592965478

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

William Rock Wright

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

141 N John Sims Parkway

Suite, Apt. #, Etc.

City

Valparaiso

State

FL

Zip Code

32580

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

William Rock Wright

REGISTERED AGENT MUST SIGN

Date

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
SD	Wayne Montgomery	141 N John Sims Pkwy	Valparaiso, FL 32580
PO	William R. Wright	141 N John Sims Pkwy	Valparaiso, FL 32580

100050302821
04/11/05--01005--005 **450.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

Date

850 678 2510

Daytime Phone #