

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC -3 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800112785068
12/03/07--01055--009 **600.00

REINSTATEMENT 04-07

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39353

1. Corporation Name

BAILY ENGINEERING AND TESTING, INC.

2. Principal Office Address - No P.O. Box # 251 E. Intendencia St.		3. Mailing Office Address P.O. Box 427	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32502	Country Escambia	Zip 32592-0427	Country Escambia

4. Date Incorporated or Qualified To Do Business in Florida 12/26/1989	
5. FEI Number 592985262	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Joseph R. Baily III

Street Address (P.O. Box Number is Not Acceptable)
4445 Roxborough Place

Suite, Apt. #, Etc.

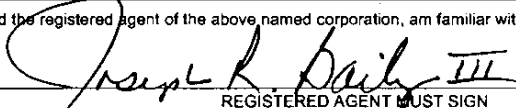
City
Pensacola

State
FL

Zip Code
32514

☒ 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.

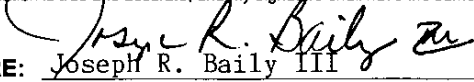
Signature of Registered Agent  Date Nov. 29, 2007

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
P	Joseph R. Baily III	4445 Roxborough Place	Pensacola, FL 32514
TS	Linda B. Baily	4445 Roxborough Place	Pensacola, FL 32514
V	Michael L. Hancock	7999 Beneva Road	Milton, FL 32583

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:  Nov. 29, 2007 850.434.5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1214