

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 29 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **L44836**
Bay Area Capital, Inc.

2. Principal Office Address
549 Pope Avenue, N.W.

Suite, Apt. #, etc.

City & State
Winter Haven, FL

Zip **33881** Country **USA**

3. Mailing Office Address
P.O. Box 7530

Suite, Apt. #, etc.

City & State
Winter Haven, FL

Zip **33883** Country **USA**

REINSTATEMENT

2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida **01/19/1990**

5. FEI Number **59-2995313**

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

Mark Schreiber

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

549 Pope Avenue

Suite, Apt. #, Etc. **Suite 103**

City **Winter Haven**

State
FL

Zip Code **33880**

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

REGISTERED AGENT MUST SIGN

Date **3/28/02**

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
PD	Mark Schreiber	549 Poper Avenue, #103	Winter Haven, FL 33880
D	Dwight Richert	1775 Eloise Loop Rd.	Winter Haven, FL 33884

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

3/28/02 863-291-0731
Date Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 503150 82866A

AUTHORIZATION :

Patricia Pizute

COST LIMIT : \$ 1058.75

ORDER DATE : March 29, 2002

ORDER TIME : 11:26 AM

ORDER NO. : 503150-005

CUSTOMER NO: 82866A

CUSTOMER: John J. Lancaster, Esq
Clark, Campbell & Mawhinney,
Suite 800
500 South Florida Avenue
Lakeland, FL 33801

DOMESTIC FILINGS

NAME: BAY AREA CAPITAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
02 MAR 29 PM 12:13
DIVISION OF CORPORATION