

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L87467**

1. Corporation Name

Bay Bindery, Inc.

2. Principal Office Address - No P.O. Box #

6401 Harney Road

Suite, Apt. #, etc.

Suite C

City & State

Tampa, FL

Zip

33610

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Trudy R. McKean

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

9737 Bay Colony Drive

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33578

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

Trudy R. McKean

REGISTERED AGENT MUST SIGN

Date

January 29, 2009

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	Trudy R. McKean	9737 Bay Colony Drive	Riverview, FL 33578
		REINSTATEMENT	05-09
			<i>OC 1/30</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trudy R. McKean

Trudy R. McKean

Date

1/29/09

Daytime Phone #

813-620-1812

FILED

09 JAN 28 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100142278041
01/28/09--01022--023 **1650.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 07/13/1990

5. FEI Number

39-3022766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.