

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 19 AM 11:47

DOCUMENT # **L88823**

1. Corporation Name
BAYPING, INC.

Principal Place of Business	Mailing Address
1012 S. DOXE AVENUE FRUITLAND PARK FL 34731 US	P.O. BOX 493126 LEESBURG FL 34749-3126 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporation or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/16/1990
City & State	City & State	5. FEI Number
Zip	Country	69-3019288
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HERLONG, JAMES, H, JR	420 HERLONG COURT	LEESBURG FL
STD	HERLONG, PEGGY, P	420 HERLONG COURT	LEESBURG FL

100003063621--0
 -12/07/99--01097--013
 750.00 750.00

Handwritten signature

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JAMES H. HERLONG, JR. 420 HERLONG COURT LEESBURG FL 34748	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.
 Signature of Registered Agent: *Jash Harris* **REQUIRED** Date 11/12/99
 REGISTERED AGENT MUST SIGN

11. 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: *Jash Harris* **REQUIRED** Date 11/12/99 352 787-1567
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #