

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005525

1. Corporation Name

BAY COUNTY CHRISTIAN ACTIVITIES ASSOCIATION, INC

Principal Place of Business

205 HAMILTON AVENUE
PANAMA CITY FL 32401

Mailing Address

205 HAMILTON AVENUE
PANAMA CITY FL 32401



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2000

5. FEI Number

APPLIED FOR

59-0873832

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BARNES, BRIAN	1015 NEW YORK AVENUE	LYNN HAVEN FL 32444
D	REDAELLI, ALDO	2008 ARTHUR AVENUE	PANAMA CITY FL 32405
D	MALLARY, MICHAEL	121 N. MARIE DRIVE	PANAMA CITY FL 32401
D	TINKLENBERG, JAY	733 BAYWOOD DRIVE	LYNN HAVEN FL 32444

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11/07/02--01005--016 **236.25

8. Name and Address of Current Registered Agent

WARNER, TIMOTHY M
442 GRACE AVE
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Timothy M Warner
REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

Brian Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian
Barnes

Date

10/29/02

Daytime Phone #

850 747-0060

CR2E040 (8/02)