PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -2 AM 8:56

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 100001047

200040044932
08/10/04--01042--001 **367.50

REINSTATEMENT 02-04

1. Corporation Name

BAY SPRINGS, INCORPORATED

2. Principal Office Address	3. Mailing Office Address
4424 TARPON DRIVE	4424 TARPON DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33617 Country: USA	Zip: 33617 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: FEBRUARY 14, 2001

5. FEI Number: 59-3698020 ☐ 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: ELBERT L. TAYLOR

Street Address (P.O. Box Number is Not Acceptable): 4424 TARPON DRIVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33617

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: Elbert L. Taylor. Date: 7-29-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
C	ELBERT L. TAYLOR	4424 TARPON DRIVE	TAMPA, FL. 33617
V	JAMES CROWE	3008 GATE DRIVE #162	TAMPA, FL 33613
S+T	GLORIA BAGLEY	4424 TARPON DRIVE	TAMPA, FL 33617

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: Elbert L. Taylor 7-28-04 -813-767-0991

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