

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 23 AM 10: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005451

1. Corporation Name

Bay Haven Parent Teacher Student Partnership,
Inc.

100162072911
10/23/09--01024--017 **420.00

REINSTATEMENT 06-09
CR2E081 (12/08)

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

2501 Hawks Landing Blvd

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

3. Mailing Office Address

2501 Hawks Landing Blvd.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-31-01

5. FEI Number

59-3736489

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

Dr. Tim Kitts

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

2501 Hawks Landing Blvd.

Suite, Apt. #, Etc.

City

Panama City

State
FL

Zip Code

32405

☐ 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.

10/26

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

Dr. Tim Kitts

REGISTERED AGENT MUST SIGN

Date 10/22/09

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
Pres.	Nancy Crow	1513 Alaska Circle	Lynn Haven, FL 32444
Treas.	Elanore Eskine	2507 W. 18th St.	Panama City, FL 32405
VP of Volunteers	Tara Potts	816 East Pierson Dr.	Lynn Haven, FL 32444
Sec.	Laura Swindler	240 HL Sudduth Circle	Panama City, FL 32404
VP of Fundraising	Windy Harland	3122 W. 21st Ct.	Panama City, FL 32405
VP of Comm.	Melissa Hagan	4616 Schooner Ln.	Lynn Haven, FL 32444

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:

Elanore Eskine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-09

Date

850-747-8346

Daytime Phone #