

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -7 PM 3:38

DOCUMENT # N05 000 000938

1. Corporation Name

Bay Area Aid's Network Inc.

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

2901 34th A/S

Suite, Apt. #, etc.

3. Mailing Office Address

2901 34th A/S

Suite, Apt. #, etc.

City & State

St. Petersburg

Zip

33702

Country

Pineellas

City & State

St. Petersburg

Zip

33712

Country

Pineellas

7. Name and Address of Current Registered Agent

Name

Julia M. Hampton

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

3915 75th A/S

Suite, Apt. #, Etc.

City

St. Petersburg, Fla.

State

FL

Zip Code

33709

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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.

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

Julia M. Hampton

REGISTERED AGENT MUST SIGN

Date 9/4/2008

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
President	Julia M. Hampton	3915 75th Lane NO	St. Petersburg, Fla 33709
Asst Director	Bill Williams	3915 75th Lane NO	St. Petersburg, Fla 33709
Asst Director	Manuel Sykes	2901 34th A/S	St. Petersburg, Fla 33712

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:

Julia M. Hampton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/2008

Date

Daytime Phone #