

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010624

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** B.A.Y. PROJECT, INCORPORATED

**Current Principal Place of Business:**

3202 COLWELL AVENUE  
605  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 280384  
TAMPA, FL 33682

**New Mailing Address:**

**FEI Number:** 06-1797319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HEMMINGWAY, KIMBERLY N  
3202 COLWELL AVENUE  
605  
TAMPA, FL 33614 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIMBERLY HEMMINGWAY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR. ( ) Delete  
Name: HEMMINGWAY, KIMBERLY N  
Address: 3202 COLWELL AVENUE APT. 605  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR. ( ) Delete  
Name: HILLS, TIRHONDA D  
Address: 11500 SUMMIT WEST BLVD. APT. 42D  
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR. ( ) Delete  
Name: KINSEY, ELLEN  
Address: 3202 COLWELL AVENUE APT. 605  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY HEMMINGWAY

DIR

09/02/2008

Electronic Signature of Signing Officer or Director

Date