## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000011506

Entity Name: BBYSA, INC.

FILED Nov 02, 2009 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
7324 SACHEM RD. PENSACOLA, FL 32506			415 ALLERTON AVE. PENSACOLA, FL 32506	
Current Mailing Address:		New Maili	New Mailing Address:	
7324 SACHEM RD. PENSACOLA, FL 32506			415 ALLERTON AVE. PENSACOLA, FL 32506	
	: FEI Number Applied For (X) FEI ce with s. 607.193(2)(b), F.S., the corporation did not receil Address of Current Registered Agent:	·-		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US		415 ALLEF	WARD, SAM P 415 ALLERTON AVE. PENSACOLA, FL 32505 US	
	named entity submits this statement for the purpose of Florida.	se of changing i	ts registered office or registered agent, or both,	
SIGNATURE: SAM WARD			11/02/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete NELSON, TEX 415 ALLERTON AVE. PENSACOLA, FL 32505	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition WARD, SAM 415 ALLERTON AVE. PENSACOLA, FL 32506 US	
Title: Name: Address: City-St-Zip:	D ( ) Delete WARD, SAM 415 ALLERTON AVE. PENSACOLA, FL 32505	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition CHANDLER, JARVARES 415 ALLERTON AVE. PENSACOLA, FL 32506 US	
Title: Name: Address: City-St-Zip:	D () Delete TOOHEY, KRISTI 415 ALLERTON AVE. PENSACOLA, FL 32505	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition BURRELL, LANEICE 415 ALLERTON AVE. PENSACOLA, FL 32505 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VPT ( ) Change (X) Addition JENKINS, OLLIE 415 ALLERTON AVE. PENSACOLA, FL 32505 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition FORD, JOHN 415 ALLERTON AVE. PENSACOLA, FL 32505 US	

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: SAM WARD P 11/02/2009