CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 AUG 18 AM 9:43

DOCUMENT # NT200000 8299

1. Corporation Name
Bay County Oystermens Association, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3064 NW MCCLAIN LN	3064 NW MCCLAIN LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altha, FL	City & State: Altha, FL
Zip: 32421 Country: Calhoun	Zip: 32421 Country: Calhoun

4. Date Incorporated or Qualified To Do Business in Florida: AUG 27, 2012

5. FEI Number: 46-100-1936 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: NO — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: William Ivey McClain
Street Address (P.O. Box Number is Not Acceptable): 3064 NW MCCLAIN LN
Suite, Apt. #, Etc.:
City: Altha State: FL Zip Code: 32421

600275511796
08/18/15--01020--012 **61.25

600275511796
07/28/15--01021--020 **236.25

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: _____ Date: 7-21-2015
REGISTERED AGENT MUST SIGN

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
P	Jeffery Newsome	5146 Grassy Pond Rd.	Chipley FL 32428
V	Christopher McClain	22638 Hwy 71-N	Altha FL 32421
S	Lilly Newsome	17627 Koerner Rd.	Youngstown FL 32466
T	Joshua Newsome	4626 B Wages Pond Rd.	Chipley FL 32428
	REINSTATEMENT		AUG 18 2015 R. HUNT

10. E-mail Address: iveybuilt@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ CHRISTOPHER MCCLAIN 7-21-2015 850-899-9721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #