

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JAN -2 PM 3:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N29379**

1. Corporation Name

BAY AREA CHEVROLET DEALERS ADVERTISING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JAMES R LAMBETH
 1511 E FOWLER AVE
 TAMPA FL 33612
 US

C/O JAMES LAMBETH CPA
 1511-E FOWLER AVE STE E
 TAMPA FL-33612
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



Page 1 of 2

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1988

Suite, Apt. #, etc.

*C/O LAMBETH INC
 16827 LIVINGSTON AVE*

5. FEI Number

65-0103906

Applied For

Not Applicable

City & State

City & State
LUTZ FL

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

33549

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VSTD	MALOUF, TOM	1700 E HILLBOROUGH AVE	TAMPA FL
PD	QUINLAN, JIM	P O BOX 5500	CLEARWATER FL
TD	WHITLEY, ROGER	11300 N FLORIDA AVE	TAMPA, FL
			700002049747--8 -01/08/97--01009--007 *****61.25 *****61.25
			700002049747--8 -01/08/97--01009--008 *****175.00 *****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMBETH, JAMES R
 1511 E FOWLER AVE
 STE E
 TAMPA FL 33612

Name

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

Suits, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

12-22-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(l), 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:

[Handwritten Signature]
 TOM MALOUF

12-22-96

813 949-7020

CR2E040 (7/96)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29379 (7)
 1. Corporation Name
BAY AREA CHEVROLET DEALERS ADVERTISING ASSOCIATION, INC.



Principal Place of Business C/O JAMES R LAMBETH 1511 E FOWLER AVE TAMPA FL 33612 US	Mailing Address C/O JAMES LABETH CPA 1511 E FOWLER AVE STE E TAMPA FL 33612 US
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3. Date Incorporated or Qualified 11/21/1988	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number 65-0103906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LAMBETH, JAMES R
1511 E FOWLER AVE
STE E
TAMPA FL 33612

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) *C/O LAMBETH INC*
16827 LIVINGSTON AVE
 83
 84 City *Lutz* FL 85 Zip Code *33549*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MALOUF, TOM	
STREET ADDRESS	1700 E HILLBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINLAN, JIM	
STREET ADDRESS	P O BOX 5500	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<i>WHITLEY, ROGER</i>	
STREET ADDRESS	<i>11300 N FLORIDA AVE</i>	
CITY-ST-ZIP	<i>TAMPA, FL</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____ *4-22-95 813 949-7020*

CR2E037 (3/96)