

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

96 DEC 13 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37584**

1 Corporation Name

THE B.A.M. PROJECT, INC.

Principal Place of Business

2295 PASCO STREET
TALLAHASSEE FL 32307

Mailing Address

BARBARA R. ROUSE
8318 PORTSMOUTH CT
TALLAHASSEE FL 32311



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-3157607**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
DFND	ROUSE, BARBARA R	8318 PORTSMOUTH COURT	TALLAHASSEE FL
C	WATSON, GERALD	1902 RODEO DR.	TALLAHASSEE FL 32311
S	LAMAR, WILLIAM	4613 BARCLAY LANE	TALLAHASSEE FL 32308
COUN	SIMMONDS, KEITH	2447-B TALCO HILL COURT	TALLAHASSEE FL
TD	SIMMONS, JAMES	4629 PIMLICO DR.	TALLAHASSEE FL 32308
D	NELSON, PHILIP Jones,	4540 CALLEN STREET	TALLAHASSEE FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRUMMING, GEORGE JR.
THE WHITEHOUSE, SUITE 2-A
203 NORTH GADSDEN STREET
TALLAHASSEE FL 32301

REINSTATEMENT

Name **Barbara R. Rouse**
Street Address (P.O. Box Number) **8318 Portsmouth Ct**
City, Apt. #, Etc. **Tallahassee**
State **FL** Zip Code **32311**
Fees **031652--5**
12/17/96--01156--009
******245.00 ****245.00**

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

Barbara R. Rouse
REGISTERED AGENT MUST SIGN

Date **12-5-96**

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:

Barbara R. Rouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-5-96