

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ag 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 13 PM 12:39

**DOCUMENT #** N94000002698

**1. Corporation Name**

BAY COUNTY PRIVATE CORRECTIONAL FACILITY  
FINANCE CORPORATION

**2. Principal Office Address**

4050 Esplanade Way

Suite, Apt. #, etc.

Ste. 680 Pepper Bldg.

City & State

Tallahassee, FL

Zip

Country

32399-0950 USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

95-01

1995

Amount Due: \$ 603.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/25/1994

**5. FEI Number**

6001874/ AMENDED #  
59-3645785

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

C. MARK HODGES

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

4050 ESPLANADE WAY

Suite, Apt. #, Etc.

PEPPER BUILDING, SUITE 680

City

TALLAHASSEE

State  
**FL**

Zip Code  
32399

**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

REGISTERED AGENT MUST SIGN

Date

1/31/01

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| D      | Freedman, Joel J.                    | 4050 Esplanade Way                                | Tallahassee/FL/32399 |
| D      | Block, Samuel A.                     | Same  | Same                 |
| D      | Hodges, Mark                         | Same  | Same                 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   | AD                   |

**10. 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)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

CR2E081 (9/00)

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE  
 OLO 450000 - DEPARTMENT OF STATE  
 SITE 00 - DEPARTMENT OF STATE  
 SWDN D1000474951 ADOCNO VE08127  
 OLO 720000 - DEPARTMENT OF MANAGEMENT SERVICES  
 SITE 00 - DEPARTMENT OF MANAGEMENT SERVICES  
 (850) 921-0416

| ACCOUNT CODE                         | CF | TC | OBJECT | AMOUNT   | ACCOUNT CODE                         | BENEFITTING DATA    | CF | TC | OBJECT |
|--------------------------------------|----|----|--------|----------|--------------------------------------|---------------------|----|----|--------|
| 72 10 1 000394 72940100 00 100746 00 |    | 25 | 4990   | 1,443.75 | 45 20 2 130001 45300100 00 000100 00 | INVOICE # SOUTH BAY |    |    | 45     |
|                                      |    |    |        |          | INVOICE # BAY COUNT                  | 358.75              |    |    |        |
|                                      |    |    |        |          | INVOICE # GLADES CT                  | 603.75              |    |    |        |
|                                      |    |    |        |          |                                      | 481.25              |    |    |        |
| TRANSACTION CODE TOTAL - 25          |    |    |        | 1,443.75 |                                      |                     |    |    |        |

- 2 -

02/02/2001

TR96

453001  
21

001800 - 012003-525.00  
 000100 - 001015-918.75

1443.75

Manual V8#

2-25653

487-9885

Rhonda Pearson