

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 25 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000463**

1. Corporation Name

THE BAY AREA MUSICIAN'S ORGANIZATION, INC.

Principal Place of Business

P.O. BOX 2223
PANAMA CITY FL 32402

Mailing Address

P.O. BOX 2223
PANAMA CITY FL 32402

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

01/28/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3273405

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
P/D	David Goldflies	505 Dolphin Dr.	Panama City Bch. FL 32413
S/D	Melissa Baxter	429 1/2 Massalina Dr.	Panama City FL 32401
T/D	Margaret McKinney	15412 Blue Springs Rd.	Youngstown FL 32466
D	Jay Young	4318 Pinetree Lane	Lynn Haven FL 32444
D	Ron Robinson	1924 Quail Run	Lynn Haven FL 32444
D	James Estrada	6231 G. Hwy 98 Apt B	Parker FL 32404

8. Name and Address of Current Registered Agent

LAW, MATT
1708 CALHOUN STREET
PANAMA CITY FL 32402

9. Name and Address of New Registered Agent

Name
Margaret McKinney
Street Address (P.O. Box Number is Not Acceptable)
15412 Blue Springs Rd.
Suite, Apt. #, Etc.

City
Youngstown

State
FL

Zip Code
32466

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

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/20/96

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

900002016989-3
-12/02/96
236.25

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)(f), 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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET MCKINNEY T/D

11/20/96 904.722.4915
Date Daytime Phone #