PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 JUN -2 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/03/10--01002--007 **393.75

CR2E081 (6/10)

DOCUMENT # N98000007005

1. Corporation Name
Bay Area Council, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10730 US Highway 19	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 7	
City & State	City & State
Port Richey, FL	
Zip / Country	Zip / Country
34668 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 07/21/1993

5. FEI Number 59-3379006 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Cynthia A. Henderson

Street Address (P.O. Box Number is Not Acceptable): 411 Meridian Place

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

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 _____
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
VP	Lazzara, Wilfred	10730 US Highway 19	Port Richey, FL
VP	Baptist, Shawn	10730 US Highway 19	Port Richey, FL

REINSTATEMENT 08-10 gs

10. E-mail Address: cynthia_henderson@comcast.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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.

SIGNATURE: Wilfred T. Lazzara 6-1-10
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR — Date — Daytime Phone #