

\$358.75


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 11 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000005426

1. Corporation Name
BAY BLIZZARD BALL, INC

2. Principal Office Address
5520 Martin Ranch Ln
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 893
Suite, Apt. #, etc.

City & State
Plant City FL

City & State
Riverview FL

Zip 33505 **Country** USA

Zip 33568 **Country** USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida 9/13/1999

5. FEI Number 593695929

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
☐ **Not Applicable**

7. Name and Address of Current Registered Agent

Name Lynn Walder, PA

Street Address (P.O. Box Number is Not Acceptable) 777 S. Harbour Island Blvd

Suite, Apt. #, Etc.

City Tampa **State** FL **Zip Code** 33602

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**

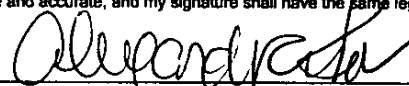
Date 12/5/2002

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
P/D	Alexandra Peters	PO Box 893	Riverview, FL 33568
Sec	Alexandra Peters	PO Box 893	Riverview FL 33568
V/D	Andrew Peters	PO Box 893	FL. Riverview FL 33568

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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 contained in Chapter 119, 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:  **ALEXANDRA PETERS** **Date** 12/5/02 **Daytime Phone #** 813-244-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/06