	- PLEASE READ /	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS PEN	*2								
· APPL	CATION		DEPARTME R (I) e in bar				0								
REINS	TATEMENT		Secretary of S			FILED									
DOCUMENT # P0000001298 1. Corporation Name BAY AREA A.F.S., INC.					OO OCT 31 PH 4: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA										
								Principal Place of Business Mailing Address							
								3901 W KENNEDY BLVD TAMPA FL 33609		3901 W KENNEDY BLVD TAMPA FL 33609		- ja. - j			
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					OG/IG/OO GOO 1 O39 ♥150 4. Date Incorporated or Qualified To Do Business in Florida										
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			5. FEI Number	12/2	29/1999								
City & State		City & State			59-3615708 Not Applicable										
Zip Country		Zip 330	Country	,	6.		Additional Fee required a Certificate of Status								
7. Names and	Street Addresses of Each Officer and/	or Director (Flo													
Title(s) Name of Officers and/or Directors 1 2			Street Address of Each Officer and/or Director			City / State / Zip									
PD L	PD LAWSON, LARRY			DY BLVD		TAMPA FL 33609									
				 											
				,		_									

							SP								
				r											
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered Ag	ent								
KOEHLER, KEITH W Street Address (F					P.O. Box Number	is Not Acceptable)									
3901 W KENNEDY BLVD TAMPA FL 33609 Suite, Apt. #, Etc.					W. Y	12tt Street									
City							Zip Code								
10. I, being a	ppointed the registered agent of the abo	ve named corpo	oration, am familiar w	th and accept the c		FL ion 607.0505, F.S.	33606								
Signature of Registered Ag	ent W RE	GISTERED AG	ENT MUST SIGN			Date 10 27/00	<u> </u>								
this reinsta	at I am an officer or director or the recei atement application, the reason for dissone corporation have been paid and the oblication is true and accurage, and my significant	lution has been names of individ	eliminated, the corpo luals listed on this for	orate name satisfies m do not qualify for	s the requirements r an exemption un	of section 607.0401 or 617.040	1, F.S., that all fees								

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00 87/-550S

Date Daylime Phone #



18292

ERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN INSTITUTE AND THE FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS TELEPHONE (813) 258-1272 FACSIMILE (813) 258-2422 WEB SITE: WWW.CPA-TAMPA.COM E-MAIL: KOEHLER@CPA-TAMPA.COM

October 27, 2000

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Bay Area A. F. S., Inc.

2000 Corporation Annual Report / Uniform Business Report

Document Number: P00000001298

To Whom It May Concern:

This is in response to your notice dated September 19, 2000 (original enclosed). Attached is the original form for Application for Reinstatement for the Annual Report/Uniform Business Report which was been completed by the taxpayer. The annual report was previously filed with the Florida Department of State on September 13, 2000 with a payment in the amount of \$150.00. However, it was returned because the report did not provide a Employer's Identification Number. We have completed the EIN on the Application for Reinstatement.

As the taxpayer previously stated in their previous correspondence, they did not receive the original annual report and as a result, should not be subject to the penalties. We ask that you immediately process this enclosed application and reinstate the above referenced corporation without delay or penalties.

If you have any questions, please do not hesitate to contact me at (813) 258-1272.

Very Truly Yours,

Keith W. Koehler

cc: Bay Area A. F. S., Inc.