

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:00

DOCUMENT # P 00000047186

1. Corporation Name

Bayned Technologies, Inc

REINSTATEMENT

03-04
MRS

400031348514

03/29/04--01076--009 **900.00

2. Principal Office Address

2008 Alder Way

Suite, Apt. #, etc.

3. Mailing Office Address

2008 Alder Way

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

Zip

33510

Country

US

Zip

33510

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5-11-2000

5. FEL Number

59-3684903

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

David B Howe

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

2008 Alder Way

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

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

D B Howe

Date

3/22/04

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
PST	David B Howe	2008 Alder Way	Brandon FL 33510

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:

D B Howe President 3/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)