

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 17 PM 2:07
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053904

1. Corporation Name

BAYTOWN CORPORATION

2. Principal Office Address

10200 W. Broadview Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

10200 W. Broadview Dr.

Suite, Apt. #, etc.

City & State

Bay Harbor, FL

City & State

Bay Harbor, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651133920

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

Caroline Touati

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

10200 W. Broadview Dr.

Suite, Apt. #, Etc.

City

Bay Harbor

State

FL

Zip Code

33154

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

21.09.2006

Date

REGISTERED AGENT MUST SIGN Caroline Touati

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
D	Jean-Claude D. Touati	10200 W. Broadview Dr	Bay Harbor, FL 33154

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:

21.09.2006

(305) 778-9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jean-Claude D. Touati - Director

Date

Daytime Phone #