

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000053904

1. Entity Name
BAYTOWN CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 AM 11:01

Principal Place of Business 10200 W. BRAODVIEW DR. BAY HARBOR, FL 33154	Mailing Address 10200 W. BRAODVIEW DR. BAY HARBOR, FL 33154
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 65-1133920	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

02062008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent

TOUATI, CAROLINE
10200 W. BRAODVIEW DR.
BAY HARBOR, FL 33154

7. Name and Address of New Registered Agent

Name
TOUATI CAROLINE

Street Address (P.O. Box Number is Not Acceptable)
10200 W. BROADVIEW DR.

City **BAY HARBOR** FL Zip Code **33154**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Caroline Touati* DATE 02.06.2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	NAME	TOUATI, JEAN CLAUDE D	STREET ADDRESS	10200 W. BRAODVIEW DR.	CITY-ST-ZIP	BAY HARBOR, FL 33154
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TOUATI, JEAN CLAUDE D	STREET ADDRESS	10200 W. BROADVIEW DR.	CITY-ST-ZIP	BAY HARBOR, FL 33154
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	

100117720261
02/11/08--01043--005 *\$300.00

REINSTATEMENT 07-08

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.