

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000079033**

1. Corporation Name

BABY GUARD OF TAMPA BAY, INC.

Principal Place of Business

5442 JET VIEW CIRCLE
BLDG. 504
TAMPA FL 33635

Mailing Address

5442 JET VIEW CIRCLE
BLDG. 504
TAMPA FL 33635

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2000

5. FEI Number

59-3665477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BACCILI, PETER E	6116 SCHOONER WAY	TAMPA FL 33615
SVD	CLERMONT, JODY D	6116 SCHOONER WAY	TAMPA FL 33615

000009355510
12/04/02--01079--012 **158.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Pete Baccili / Baby Guard of Tampa Bay
Street Address (P.O. Box Number is Not Acceptable)
5442 Jet View Circle
Suite, Apt. #, Etc.
Bldg. 504
City Tampa State FL Zip Code 33635

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/30/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/02

Date

813-267-4738

Daytime Phone #

CR2040 (8/02)



BABY GUARD OF TAMPA BAY
REMOVABLE MESH POOL FENCES & POOL ALARMS
"WE NEVER LET OUR GUARD DOWN"
Servicing Hillsborough, Pinellas, & Pasco Counties

November 30, 2002

I, Pete Baccili - President of Baby Guard of Tampa Bay, hereby am sending this letter to notify you that we did not receive the two prior uniform business report notices. I would appreciate if you will reinstate our corporation, as we are still a viable business. I have enclosed \$150.00 for a profit corporation and an additional \$8.75 for a certificate of status.

If you have any questions, please don't hesitate to contact me at one of the numbers below.

Sincerely

Pete Baccili
President/Owner
Baby Guard of Tampa Bay