

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000090520

1. Entity Name
BAYSIDE AUTOMOTIVE SERVICE, INC.



Principal Place of Business
2904 W GANDY BLVD
TAMPA, FL 33611

Mailing Address
2904 W GANDY BLVD
TAMPA, FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12092004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3690185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANSKY, GLEN R
LANSKY & COURTNEY, P.L.
313 E ROBERTSON ST
BRANDON, FL 33511

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MUESSIG, RAYMOND
STREET ADDRESS 1506 WINDMERE WAY
CITY-ST-ZIP TAMPA, FL 33619

☐ Change ☐ Addition
800043673408
12/28/04--01039--009 **150.00

TITLE D ☐ Delete
NAME MUESSIG, VICTORIA
STREET ADDRESS 1506 WINDMERE WAY
CITY-ST-ZIP TAMPA, FL 33619

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-04 813-831-4035

FILED
04 DEC 23 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12-3-04

ATT: Dept of Corp.

I am sending a request to
Waive the fee for \$750.00 to Reinstate
my Corp. I never Received a
Reinstatement form, I called, and
Spoke to a Repⁿ 12-1-04, she said for
me to send a letter explaining, I didn't
Receive a Reinstatement form. I also
had employees that worked for me.
When I would leave to do errands
they would go through my mail. I
don't know if they got a hold of
it, or if it never was mailed, please
Waive this fee this one time, and I
will make sure I receive my mail
from now on. These employees no
longer work for me.

Bayside Automotive Service Inc.
2904 W. Gandy Blvd.

Tampa Fla. 33611

FEI# 59-3690185

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Thank You

Victoria R. Muegge

Vice President

813-831-4035 ask for

Vikki Only or Raymond.
813-966-6275 President