

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Bayou Estates Corporation

2. Principal Office Address

6800 Tom King Bayou Rd

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32906

Country

USA

3. Mailing Office Address

6800 Tom King Bayou Rd

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32906

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1-5-01

5. FEI Number

59-3690324

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

Wendy Payne

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

6800 Tom King Bayou Rd

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32906

500029739105

03/02/01 01059 019 **10.00

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

Wendy Payne

REGISTERED AGENT MUST SIGN

Date 2-25-04

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
P.S.	Payne, David	6800 Tom King Bayou Rd.	Navarre, FL 32906
J.P.T	Payne, Wendy	6800 Tom King Bayou Rd.	Navarre, FL 32906

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:

Wendy Payne Wendy Payne, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

850-439-8588

Daytime Phone #

CR2E081 (01/04)

p 2 22

BAYOU ESTATES CORPORATION
6800 Tom King Bayou Road * Navarre, FL 32566
(850) 939-8588

Feb. 25, 2004

Dear Division of Corporations:

Please process the enclosed application for reinstatement of Bayou Estates Corporation, EIN 59-3690324. We did not receive the annual report form and are unable to access it at this time via the sunbiz.com. I have enclosed a check for \$150 to cover the associated fees.

Please contact me at the above address if there are additional steps I need to take to reinstate the corporation.

Thank you for your assistance on this matter.

Sincerely,



Wendy Payne, VP