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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 OCT -5 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000013929

1. Corporation Name

BAY Enterprises of NW FLA, Inc.

2. Principal Office Address

206 Doyce Dr.

Suite, Apt. #, etc

3. Mailing Office Address

206 Doyce Dr.

Suite, Apt. #, etc

City & State

Ft. Walton Beach, Fl.

Zip

32547

Country

City & State

Ft. Walton Beach, Fl.

Zip

32547

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-30-2001

5. FEI Number

59-3706345

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

BAY, James

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

206 Doyce Dr.

Suite, Apt. #, Etc.

City

Ft. Walton Bch.

State

FL

Zip Code

32547

11/19/03 01041 018 \$150.00

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

James E Bay

REGISTERED AGENT MUST SIGN

Date 10-3-06

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	JAMES E Bay	206 Dora Dr.	Ft. Walton Bch. Fl. 32547
D	Beth A. Bay	206 Doyce Dr.	Ft. Walton Bch. Fl. 32547

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-06

Date

850-259-8687

Daytime Phone #

2C 10/11

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Attn: Reinstatement Dept./Kathy

Concerning Corporation : 593706345

To Whom it may concern,

I am requesting a reinstatement of my corporation without penalties because filing notices and the rejection letters were never received .

I moved and a fire took place in my home office, as a result of these circumstances I am asking that you wave the late penalties and accept the Annual Report Fees that are owed.

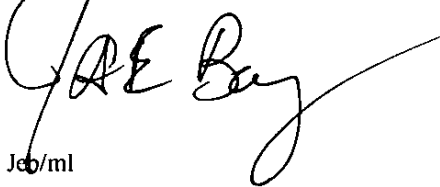
Enclosed is a check for \$450.00 to add to a credit of \$150.00 that I should have on account from 2003 rejection.

My previous accountant was supposed to handle contacting you, however, until recently I was unaware of the situation with the Corporation.

I also talked to Kathy in your department to ask about the process of reinstatement and these are the fees she quoted that would be due if this was approved.

Thank you,

James E. Bay

A handwritten signature in black ink, appearing to read "JAE Bay", with a long, sweeping horizontal line extending from the end of the signature.

Jeb/ml