


Never received Pre-printed Form<sup>02</sup> I  
was told to mail Annual fees due. (2002) - (2003)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000053264			
1. Corporation Name Bayview Contracting, Inc.			
2. Principal Office Address 1090 Sugarberry Trail Suite, Apt. #, etc.		3. Mailing Office Address 1090 Sugarberry Trail Suite, Apt. #, etc.	
City & State Oviedo, FL		City & State Oviedo, FL	
Zip 32765	Country USA	Zip 32765	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		05/21/01	
5. FEI Number 59-3725119		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Manger, Edwin F.			
Street Address (R.O. Box Number is Not Acceptable) 1090 Sugarberry Trail			
Suite, Apt. #, Etc.			
City Oviedo		State FL	Zip Code 32765
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		Date	
REGISTERED AGENT MUST SIGN			
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, P, S	Manger, Edwin F.	1090 Sugarberry Trail	Oviedo, FL 32765
T	Dunlop, Shawn	1090 Sugarberry Trail	Oviedo, FL 32765
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:		11/28/03 (321)229-1969	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

TR