

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000054437**

1. Corporation Name

**BAY WEST DESIGNS, INC.**

Principal Place of Business

**10512 WEYBRIDGE DR.  
TAMPA FL 33626**

Mailing Address

**10512 WEYBRIDGE DR.  
TAMPA FL 33626**

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

**05/24/2001**

5. FEI Number

**59-3723099**

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
PD	TOMS, DONNA	10512 WEYBRIDGE DR.	TAMPA FL 33626
VD	SMITH, CLIFFORD E	<del>3235 BUCKRUN DR.</del> 1449 TIVERTON DR.	BRANDON FL 33511

8. Name and Address of Current Registered Agent

**SMITH, CLIFFORD E  
~~3235 BUCKRUN DR.~~  
BRANDON FL 33511**

9. Name and Address of New Registered Agent

Name

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

**1449 TIVERTON DR.**

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

*Clifford E. Smith*  
REGISTERED AGENT MUST SIGN

Date **Oct 28, 2003**

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:

*Clifford E. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Oct 28, 2003**  
Date

**727-224-3176**  
Daytime Phone #

CR2E040 (7/03)