

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 16 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000073964**

1. Corporation Name

**Bay Area Consulting, Inc.**

**REINSTATEMENT 03-04**

2. Principal Office Address

**1498 Ohio Ave NE**

Suite, Apt. #, etc.

3. Mailing Office Address

**1498 Ohio Ave NE**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

Zip

**33703**

Country

**USA**

City & State

**Saint Petersburg, FL**

Zip

**33703**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7-16-01**

5. FEI Number

**59373 2043**

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

**Gabe Harling**

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

**1498 Ohio Ave NE**

Suite, Apt. #, Etc.

City

**St. Petersburg**

State  
**FL**

Zip Code

**33703**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **2/5/04**

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
<b>P</b>	<b>Gabe Harling</b>	<b>1498 Ohio Ave NE</b>	<b>St. Pete / FL / 33703</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-04**

Date

Daytime Phone #

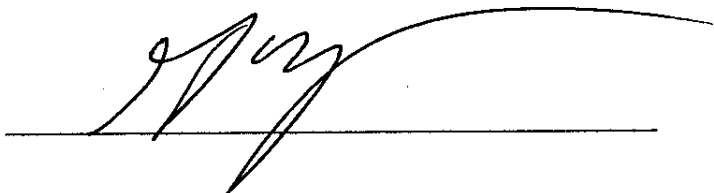
CR2E081 (10/02)

To Whom It May Concern:

This letter is for a request for corporation reinstatement. The corporation is Bay Area Consulting, Inc. and the Federal EIN# is 593732043. I am submitting this letter for a waiver of the reinstatement fees because I never received an annual report. As a result, Bay Area Consulting, Inc was administratively dissolved on September 19<sup>th</sup> 2003 for failure to file the 2003 annual report. The new address to Bay Area Consulting, Inc. is 1498 Ohio Avenue NE, St. Petersburg, FL 33703. I have enclosed a check for 300.00 for the annual report for 2003 and 2004. Thank you very much.

Sincerely,

Gabe Harling  
Bay Area Consulting, Inc.  
Owner

A handwritten signature in dark ink, appearing to read 'Gabe Harling', is written over a horizontal line. The signature is stylized with a large, sweeping 'G' and a long, curved tail.