

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 APR 23 AM 5:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000074141

1. Corporation Name

BAY AREA SHUTTLE INCORPORATED

Principal Place of Business

8500 OLD C.R. 54
 NEW PORT RICHEY FL 34653

Mailing Address

8500 OLD C.R. 54
 NEW PORT RICHEY FL 34653

[Handwritten initials]

REINSTATEMENT 02-03

600014694896
 04/22/03--01072--001 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/26/2001	
City & State		City & State		5. FEI Number	
Zip		Country		11-3659889	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED. <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CESTARO, CARL	5442 CARROLLWOOD KEY DR	TAMPA FL 33624

600014694896
 03/26/03--01004--013 **750.00

8. Name and Address of Current Registered Agent

CESTARO, CARL
 8500 OLD C.R. 54
 NEW PORT RICHEY FL 34653

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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.

[Handwritten signature]
 Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 3/21/03

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: *[Handwritten signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/21/03
 Daytime Phone #

CR2E040 (6/02)