

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 # P02000024820

1. Corporation Name

BAILEY'S CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

57 FREEDOM WAY
PANAMA CITY BEACH FL 32413

57 FREEDOM WAY
PANAMA CITY BEACH FL 32413

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

Suite, Apt. #, etc.

380 N. WALTON LAKESIDE DR.
PANAMA CITY BEACH, FL

Suite, Apt. #, etc.

280 N. WALTON
LAKE SHORE DRIVE

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

Zip

32413

Country

USA

Zip

32413

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	BAILEY, HARVEY L	57 FREEDOM WAY 280 N. WALTON LAKE SHORE DRIVE	PANAMA CITY BEACH FL 32413
	10-28-03		
	PER TELEPHONE THIS DATE, T/D ADVISED MR. JONES THAT		
	THE ANNUAL RENEWAL WAS PAID IN FEBRUARY '03, FL. DIV.		
	OF CORP. HAS ACKNOWLEDGED PAYMENT. PLEASE REINSTATE.		
		THANK YOU,	

8. Name and Address of Current Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

9. Name and Address of New Registered Agent

Name

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

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

BS/Bailey
REGISTERED AGENT MUST SIGN

Date 10-28-03

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:

Harvey L. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-03 8502588200