

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Suite, Apt. #, etc.

280 N. WALTON LAKESHORE DR.

280 N. WALTON LAKESHORE DRIVE

City & State

City & State

PANAMA CITY BEACH, FL

PANAMA CITY BEACH, FL

Zip

Country

Zip

Country

32413

USA

32413

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2002

5. FEI Number

Applied For

04-3622746

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
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/P ADVISED MR. JONER 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

9. Name and Address of New Registered Agent

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

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

H. L. 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:

H. L. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-03 850 258 8200

CR2E040 (7/03)