

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 22 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026499

1. Corporation Name

BAY MARINA COMPANY INCORPORATED.

Principal Place of Business

Mailing Address

~~19 N CHURCH STREET~~
PANAMA CITY FL 32401

~~19 N CHURCH STREET~~
PANAMA CITY FL 32401

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

119 N. CHURCH AVE

119 N. CHURCH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32401-4948

Country
BAY

Zip
32401-4948

Country
BAY

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/2002

5. FEI Number

1B-01-0604728

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 |
|---------------|---|--|-------------------------|
| D | SHERMAN, JEFF | 19 N CHURCH STREET | PANAMA CITY FL 32401 |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

100024023511
10/22/03--01064--021 **150.00

JB 10/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHERMAN, JEFF
~~19 N CHURCH STREET~~
PANAMA CITY FL 32401

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

Signature of Jeff Sherman
REGISTERED AGENT MUST SIGN

Date Oct, 16, 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:

Signature of Jeff Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 16, 2003
Date Daytime Phone #

CR2E040 (7/03)

BAY MARINA CO.INC.

119 CHURCH AVE.

PANAMA CITY FL 32401

850-785-6471

Oct. 16 2003

This paper work was received late, because the address is wrong on the paper work.


Jeff Sherman