

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -6 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000030681

1. Corporation Name

Bay Area Xpress Inc.

2. Principal Office Address

8651 Torchwood Dr.

Suite, Apt. #, etc.

City & State

Trinity, FL

Zip

34655

Country

USA

3. Mailing Office Address

8651 Torchwood Dr.

Suite, Apt. #, etc.

City & State

Trinity, FL

Zip

34655

Country

USA

~~REINSTATEMENT~~ 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

March 02

5. FEI Number

02-0570634

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

GARY SCHAFFER

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

8651 Torchwood Dr.

Suite, Apt. #, Etc.

City

Trinity

State

FL

Zip Code

34655

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

G. Schaffer

Date 6-1-06

REGISTERED AGENT MUST SIGN

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
Pres	GARY SCHAFFER	8651 Torchwood Dr	Trinity, FL 34655

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 contained in Chapter 119, 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:

GARY SCHAFFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-06
Date

727 389 0176
Daytime Phone #

202

Bay Area Xpress, Inc.
8651 Torchwood Drive
Trinity, Fl 34655
(727)389-0176

To Whom It May Concern:

My name is Gary Schafer and I am the owner of Bay Area Xpress. It has come to my attention that my company has not been registered with the state of Florida. Over the past few years I have moved several times and to my knowledge have not received any renewal notices. I am writing this letter accompanied with a check to cover the last three years of registration. Please let me know if there is anything else that needs to be done to keep my company in good status with the state. Once again I apologize for this situation and hope that it can be resolved as soon as possible.

Thank You

A handwritten signature in black ink, appearing to read "Gary Schafer", with a stylized star-like flourish at the end.

Gary Schafer