PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 15 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041905

1. Corporation Name
Bay Area Business Solutions Inc

REINSTATEMENT 03-04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 4601 W. Kennedy Blvd | 1712 Karabic Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 223-B | |
| City & State | City & State |
| Tampa, Florida | Brandon, Florida |
| Zip / Country | Zip / Country |
| 33609 / Hillsborough | 33511 / Hillsborough |

4. Date Incorporated or Qualified To Do Business in Florida: 4-18-2002

5. FEI Number: 56-2330083 (Applied For / Not Available)

6. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

**7. Name and Address of Current Registered Agent**

Name: Adrian Wright

Street Address (P.O. Box Number is Not Acceptable): 901 W. Platt Street

600001413046015
10/15/04--01070--014 **38.75

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33606

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: [signature] REGISTERED AGENT MUST SIGN

Date: 10/8/04

CR2E061 (01/04)

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. | Melanie Mitchell | 1712 Karabic Court | Brandon, FL. 33511 |
| Treas. | " | " | " |
| Sec | Charmel Peele | 5306 Albany Rd. | Ft Myers, FL. |
| | | | |
| | | | |
| | | | |

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 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: Melanie Mitchell, Melanie Mitchell 10/8/04 813-477-6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Bay Area Business Solutions, Inc.
# 4601 West Kennedy Blvd., Suite 223-B
# Tampa, Florida 33609

October 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

I am enclosing the Corporation Reinstatement application for Bay Area Business Solutions, Inc. I am asking that the penalties be waived in that no notices from your office have been received by me, as President of the company nor my agent, Adrian Wright.. I am also submitting a Statement of Change of Register Agent form as well.

Thank You,

Melanie Mitchell

Melanie Mitchell
President

Adrian Wright
Agent