PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 15 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000074826

REINSTATEMENT 03-04

1. Corporation Name
BAY VISTA BUILDING & REMODELING, INC.

2. Principal Office Address	3. Mailing Office Address
6250-11TH AV. S.	P.O. BOX 48633
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULFPORT, FL.	City & State: ST. PETE, FL.
Zip: 33707 Country: PINELLAS	Zip: 33710 Country: PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida: 7/8/2002

5. FEI Number: 52-2367853 ☐ 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: BRIAN D. PERRY

800031866428
04/06/04--01032--007 **8.00

Street Address (P.O. Box Number is Not Acceptable): 6250-11TH AV. SOUTH

Suite, Apt. #, Etc.:

City: GULFPORT | State: FL | Zip Code: 33707

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 _____ Date 3/25/04

REGISTERED AGENT MUST SIGN

CR2E081 (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
SEC'Y TRS?	CHRISTINE M. FARINA	6250-11TH AV. S.	GULFPORT, FL. 33707
VICE PRES	GEORGE PERRY	1374 MOUNTAINVIEW RD	BURNSVILLE, NC 28714

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: Brian D Perry 3/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Whom it May Concern,

I spoke with a woman concerning Bay Vista's going back to an active status. She told me all of our notifications from you who're returned in the mail and that she would waive the 600.00 reinstatement fee. All we would have to pay is the 150.00 a year for the last 2 years to be changed from inactive to an active status. So we are enclosing the check for our yearly (fee is) for the last 2 years. Thank you very much for we have been looking forward to doing business for a long time.

Sincerely,
Christine Farina
Secy