

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 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123416

1. Corporation Name

BAY INVESTIGATIONS INC.

Principal Place of Business

Mailing Address

334 49TH AVE., N.
ST. PETERSBURG FL 33703

334 49TH AVE., N.
ST. PETERSBURG FL 33703

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2002

5. FEI Number

20-0294569

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	SULLO, JOHN	334 49TH AVE., N.	ST. PETERSBURG FL 33703
			400023853974 10/16/03--01033--007 **150.00

8. Name and Address of Current Registered Agent

CALCUTT & CALCUTT PA
702 BAY ST., NE
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

111 2nd Ave NE Suite 918

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33701

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]

REGISTERED AGENT MUST SIGN

Date

10/10/2003

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] SULLO JOHN SULLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/2003

Daytime Phone #

281-692-1133

CR2040 (7/03)

BAY INVESTIGATIONS INC.
PERSONAL ~ PRIVATE SECURITY ~ PATROLS



Armed Legal Courier ~ Document Retrieval ~ PROCESS SERVICE
Licensed~ Bonded ~Insured ~ B2300039

Office
334 49th Ave. N.
St. Petersburg, FL 33703

Mobile # 727-692-6632
Fax # 727-527-5589
Office # 727-527-5589

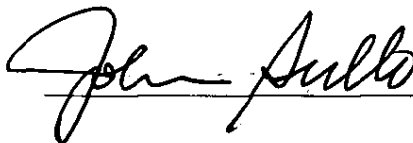
October 10, 2003

To: Department of State
Division of Corporations

Dear Sir/Madam,

I am sending in the form provided to reinstate a corporation which was sent to me on October 9, 2003. I did not receive any prior UBR notices . Had I received any notice I would have sent it back with the appropriate fees. I am enclosing a corporate check in the amount of \$ 150.00 . Please reinstate the corporation and I apologize for any inconvenience to the Department.

Sincerely,
John Sullo, Director

 10/10/03