


FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 JAN 29 AM 10:34

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000123530					
1. Corporation Name <i>Bay Area Excavating Service, Inc.</i> <i>1015 Alhambra way so.</i> <i>ST. Petersburg FL 33705</i>					
2. Principal Office Address <i>1015 Alhambra way so.</i>			3. Mailing Office Address <i>1015 Alhambra way so.</i>		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State <i>St. Petersburg FL</i>		City & State <i>St. Petersburg FL</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>11-15-2002</i>	
Zip <i>33705</i>	Country <i>Pinellas</i>	Zip <i>33705</i>	Country <i>Pinellas</i>	5. FEI Number <i>30-0157883</i>	Applied For Not Applicable
				6. CERTIFICATE OF STATUS OBTAINED <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent					
Name <i>Kelly Barton</i>					
Street Address (P.O. Box Number is Not Acceptable) <i>1015 Alhambra way so.</i>					
State, Apt. #, Etc.					
City <i>St. Petersburg FL 33705</i>				State <i>FL</i>	Zip Code <i>33705</i>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent <i>Kelly Barton</i> REGISTERED AGENT MUST SIGN Date <i>1/28/04</i>					
9. Names and Street Addresses of Each Officer and/or Director (For non-profit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PST	<i>Kelly Barton</i>	<i>1015 Alhambra way so.</i>		<i>St. Petersburg FL 33705</i>	
VP	<i>Harrett Barton</i>	<i>1015 Alhambra way so.</i>		<i>St. Petersburg FL 33705</i>	
VP	<i>Ken Williams</i>	<i>243 32 st no.</i>		<i>St. Petersburg FL 33713</i>	
10. I certify that I am an officer or director or the receiver or trustee authorized 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)(f), F.S. The information indicated on this application is true and accurate, and my signature shall be of the same legal effect as if made under oath.					
SIGNATURE: <i>Kelly Barton</i> SIGNATURE AND TYPED OR PRINTED NAME OF A MEMBER OFFICER OR DIRECTOR Date <i>1/28/04</i> Daytime Phone #					

REINSTATEMENT 03-04

CR0001 (03/02)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000020902 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY /ACH
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

BAY AREA EXCAVATING SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)