


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
FILED

07 APR 24 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400099246284
04/30/07--01001--016 **1050.00

DOCUMENT # P02000123530

1. Corporation Name

Bay Area Excavating Service, Inc.

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 300 31 Street North		3. Mailing Office Address same	
Suite, Apt. #, etc. Ste. 101		Suite, Apt. #, etc.	
City & State St Petersburg, Florida		City & State	
Zip 33713	Country Pinellas	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/15/2002	
5. FEI Number 300157883	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Kelly Barton

Street Address (P.O. Box Number is Not Acceptable)
300 31 Street North

Suite, Apt. #, Etc.
Ste. 101

City
St Petersburg

State
FL

Zip Code
33713

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Kelly Barton Date 4/23/07

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
PST	Kelly Barton	300 31 Street North, Ste. 101	St Petersburg, FL 33713
VP	Harriet Barton	300 31 Street North, Ste. 101	St Petersburg, FL 33713
VP	Kenneth Williams	300 31 Street North, Ste. 101	St Petersburg, FL 33713

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: Kelly Barton Date 4/23/07

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