

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD 2000 131811

1. Corporation Name

SOURCE BAY, INC.

2. Principal Office Address

3804 SARAZEN DR.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FLORIDA

Zip

34655

Country

USA

3. Mailing Office Address

3804 SARAZEN DR.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FLORIDA

Zip

34655

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1, 2003

5. FEI Number

20-0592453

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

PAMELA J. FRANTZ

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

3804 SARAZEN DR.

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

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

Pamela J. Frantz

REGISTERED AGENT MUST SIGN

Date 2-6-06

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
P/S	PAMELA J. FRANTZ	3804 SARAZEN DR	NEW PORT RICHEY, FL 34655
V	STEPHEN D. FRANTZ	3804 SARAZEN DR.	NEW PORT RICHEY, FL 34655
V	ROBERT K. FRANTZ	3804 SARAZEN DR.	NEW PORT RICHEY, FL 34655

REINSTATEMENT

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:

Pamela J. Frantz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06

Date

727-376-8083

Daytime Phone #

CR2E081 (01/05)

Page 2 of 2

Source Bay, Inc.

3804 Sarazen Drive · New Port Richey, FL 34655
Tel: (727) 376-8083 · Fax: (727) 375-7832

February 6, 2006

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

Gentlemen:

Please accept this letter as explanation and request for waiver of corporation reinstatement fee for:

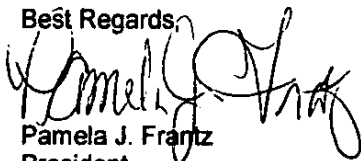
Source Bay, Inc.
Document: P02000131811
FEI #: 20-0592933

We did not receive notifications. This was probably because correspondence to our registered agent at that time, Mr. Peter Altman, was not forwarded to us. Change of agent and new chief officer (due to the physical disability of Robert Frantz,) led to some correspondence problems.

We have enclosed our check for payment of past and current fees and the completed application for reinstatement form.

Thank you in advance for your consideration and attention to our request.

Best Regards,



Pamela J. Frantz
President
Source Bay, Inc.