

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200133268612

07/22/08--01012--016 **308.75

CR2E081 (12/07)

DOCUMENT # **P03000033322**

1. Corporation Name

BAY COASTAL PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

200-Q John Knox Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

3. Mailing Office Address

P.O. Box 37445

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32315

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/2003

5. FEI Number

010773405

☐ 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

Albert C. Penson, of Penson & Davis, P.A.

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

2810 Remington Green Circle

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

☒ 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

Date **July 01, 2008**

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
Pres.	B. Wayne Folsom	200-Q John Knox Road	Tallahassee, Florida 32303
Sec.	Larry S. Wolfe	200-Q John Knox Road	Tallahassee, Florida 32303

REINSTATEMENT

07/15/08
B 7/15/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 2, 2008

Date

(850) 545-5845

Daytime Phone #