

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL -8 PM 2: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000064491

1. Corporation Name

Bahia Construction Inc.

2. Principal Office Address

1110 1<sup>ST</sup> Street S.W.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2853

Suite, Apt. #, etc.

City & State

Ruskin, FL

Zip  
33570

Country

U.S.A.

City & State

Riverview, FL

Zip

33568

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

6/10/2003

5. FEI Number

364533143

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

Ronald R. Budd

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

3612 Maricopa CT.

Suite, Apt. #, Etc.

City

Sun City Center

State

FL

Zip Code

33573

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

Ronald R. Budd

Date

6/4/05

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
P	Ronald R. Budd	3612 Maricopa CT.	Sun City Center FL 33573

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:

Ronald R. Budd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/05

Date

(813) 294-0686

Daytime Phone #

CR2E081 (01/05)