1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -2 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133812

**1.** Corporation Name

BAY BROTHERS, INC.

REINSTATEMENT 1-31-05

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 2796 WOOLERY DRIVE | | 2796 WOOLERY DRIVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| APT. 9 | | APT. 9 | |
| City & State | | City & State | |
| JACKSONVILLE, FL | | JACKSONVILLE, FL | |
| Zip | Country | Zip | Country |
| 32211 | USA | 32211 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 11-17-03

**5.** FEI Number: 01-08022308 ☐ 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: JAMES S. KOLLER

Street Address (P.O. Box Number is Not Acceptable): 2796 WOOLERY DRIVE

Suite, Apt. #, Etc.: APT. 9

City: JACKSONVILLE | State: FL | Zip Code: 32211

**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: James S. Koller — REGISTERED AGENT MUST SIGN — Date

CR2E081 (10/02)

**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 | JAMES S. KOLLER | 2796 WOOLERY DRIVE, APT. 9 | JACKSONVILLE, FL 32211 |
| VP | CHRISTOPHER L. RODRIGUEZ | 7201 ARLINGTON EXP # 46 | JACKSONVILLE, FL 32211 |
| | | 300041641823 02/11/05--01010--006 **300.00 | |
| | | | |
| | | | |
| | | | |

**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:** James S. Koller — 1/29/05 — 904-241-2533

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

TRIPLE CHECK
✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

January 31, 2005

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement
Document P93000133812– Bay Brothers, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept his application and payment of $300.00, for the year 2004 and 2005.

Mr. Koller, President of the above Corporation, did not receive his report for the referenced corporation. He has had no address changes and should have received all reports timely. While reviewing his taxes this year it was discovered that he did not receive the report. We promptly prepared the necessary paperwork to submit to your office. Mr. Koller has always been very conscientious about forwarding all government paperwork to us and paying all fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement
Check # 1065

Cc: James S. Koller