

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000147557

**FILED**  
**Nov 03, 2009**  
**Secretary of State**

**Entity Name:** DBA BAY AUTO INSURANCE INC.

**Current Principal Place of Business:**

1614 OHIO AVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1407 OHIO AVE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

1614 OHIO AVE  
LYNN HAVEN, FL 32444

**FEI Number:** 54-2142768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHALKER, KATHREEN  
1407 OHIO AVE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

CHALKER, KATHREEN  
1614 OHIO AVE  
LYNN HAVEN, FL 32444 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHREEN CHALKER

11/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CHALKER, KATHREEN  
Address: 1614 OHIO AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete  
Name: MELTON, DON  
Address: 1614 OHIO AVE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHREEN CHALKER

DP

11/03/2009

Electronic Signature of Signing Officer or Director

Date