

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000005617

Entity Name: BAY AREA MANAGEMENT GROUP, INC

FILED  
Feb 19, 2009  
Secretary of State

## Current Principal Place of Business:

3712 W. CASS STREET  
SUITE 17  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

3712 W. CASS STREET  
SUITE 17  
TAMPA, FL 33609

## New Mailing Address:

FEI Number: 20-0534136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANE, LIA D  
3717 W TACON STREET  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

LANE, LIA D  
3712 WEST CASS ST  
SUITE 17  
TAMPA, FL 33609 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: LIA D LANE

02/19/2009

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: P ( ) Delete  
Name: LANE, RUSSELL R  
Address: 3717 W TACON STREET  
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete  
Name: LANE, LIA D  
Address: 3717 W TACON STREET  
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete  
Name: LANE, LIA D  
Address: 3717 W TACON STREET  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LANE, RUSSELL R  
Address: 3712 WEST CASS ST, SUITE 17  
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change ( ) Addition  
Name: LANE, LIA D  
Address: 3712 WEST CASS ST, SUITE 17  
City-St-Zip: TAMPA, FL 33609

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: RUSSELL R LANE

OFF

02/19/2009

Electronic Signature of Signing Officer or Director

Date