


FILING CANCELLED  
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000169224			
1. Corporation Name Bayside Art & Music, Inc. WI-32271			
2. Principal Office Address - No P.O. Box # 1033 34th St N Suite, Apt. #, etc.		3. Mailing Office Address 1033 34th St N Suite, Apt. #, etc.	
City & State St Petersburg, Fl		City & State St Petersburg, Fl	
Zip 33713	Country US	Zip 33713	Country US
7. Name and Address of Current Registered Agent Name James Edward Adkins Street Address (P.O. Box Number is Not Acceptable) 4286 45th St S Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida Dec 17, 2004 5. FEI Number 84-1685651 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City St. Petersburg		State FL Zip Code 33711	
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 <i>James E. Adkins</i> Date 8 June 2010 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
Mr	James E. Adkins Sr.	4286 45th St S	St. Petersburg Fl 33711
Mr	James E. Adkins Jr.	4286 45th St S	St. Petersburg, Fl 33711
Ms	Michele Adisa Ajene	2045 Buell Dr	Frederick, Md 21702
10. E-mail Address: adk172@aol.com (To be used for future annual report notification)			
11. 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. I further certify, 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: <i>James E. Adkins</i> 8 June 2010 727 323-3352 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

8/9/2010