

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 20 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000169224

1. Corporation Name

Bayside Art & Music, Inc.

WL-32271

200208055432
05/20/11--01030--003 **450.00

REINSTATEMENT 08-11
CR28081 (6/10)

2. Principal Office Address - No P.O. Box #

1033 34th St N

3. Mailing Office Address

1033 34th St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33713

Country

US

Zip

33713

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 17, 2004

5. FEI Number
84-1685651

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

200208055432
07/06/10--01068--013 **750.00

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.

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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

James E. Adkins
REGISTERED AGENT MUST SIGN

Date 8 June 2010

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 Muell 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:

James E. Adkins
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 June 2010 727 323-3352

Date

Daytime Phone #

512020