

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 10 PM 4:11

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P 05000141829

1. Corporation Name

Bay shore USA, Inc.

2. Principal Office Address - No P.O. Box #  
379 Bacom Point Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pahokee, FL

City & State

Zip  
33476

Country  
Palm Beach

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

203654665

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Saleh H. Mahmood

Street Address (P.O. Box Number is Not Acceptable)

379 Bacom Point Rd. Pahokee

Suite, Apt. #, Etc.

City Pahokee

State  
FL

Zip Code  
33476

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

saleh mahmood

Date 12/7/9

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
DP	Saleh mahmood	379 Bacom Point Rd.	Pahokee, FL 33476

REINSTATEMENT

01-09

12/10

10. E-mail Address:

(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:**

saleh mahmood

12/7/9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #