## 2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: \_

	KEINSTA	I PIAIPIA I			_			
DOCUMENT # P05000149577  1. Entity Name BAY COUNTY INVESTMENTS, INC.						FILED. 06 DEC 21 AM 7: 45		
Principal Place of Business Mailing Address								r. #=
1802 ILLINOIS AVENUE LYNN HAVEN, FL 32444		1802 ILLINOIS AVENUE LYNN HAVEN, FL 32444			ALLABASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address			<b>₩₩₩₩₩</b>	1000000 1000000		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-12122006 <sup>)</sup>	REIN-PS/V	CGR2E098 (11/0	DG.	
City & State		City & State		<u></u>	4. FEI Numb	-37547	196	Applied For Not Applicable
Zíp	Country	Zip	Country	у		of Status Desired	□ \$8.75 / Fee Requ	
	6. Name and Address of Current I		7. Name and Address of New Registered Agent					
ESTES. DA	ΔNI			Name ESTES, DAN				
1802 ILLINOIS AVENUE LYNN HAVEN, FL 32444				Street Address (P.O. Box Number is Not Acceptable)				
			-	City			Zio C	ode
				LYM	U HAVEI	<u> </u>	FL \ '32	.444
8. 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. I am familiar with, and accept the obligations of registered agent.								
12-18-06								
SIGNATURE Signature, typed or pnnted name of registered agent and title if approache. (NOTE: Registered Agent signature required when reinstating)  OATE								
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), to corporation did not receive the prior in								
10.	OFFICERS AND	I DIRECTORS	11.	<del></del>	ADDITIONS	L /CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE			TITLE		,		Chang	ge 🔲 Addition
NAME			NAME				nn	
STREET ADDRESS CITY-ST-ZIP	or Gronice of Nee			REET ADDRESS 127217U5==U1U23==UU3				
TITLE	V	□ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME	ESTES, DAN		NAME					
STREET ADDRESS				T ADDRESS	12/22			
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-S	51-211	1-100	<i></i>	☐ Chan	ge  Addition
TITLE NAME	YERBY, DON	☐ Delete	NAME	'	•		Onlan	go
STREET ADDRESS	128 SUMMERWOOD DRIVE		STREE	T ADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH, FL 3241	3	CITY-	ST-ZIP				
TITLE	S	☐ Delete	TITLE				Chan	ge
NAME STREET ADDRESS	KING, WAYNE 2510 W 11TH STREET		NAME STREE	T ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-	ı				
TITLE	,	☐ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME			NAME	i				
STREET ADDRESS CITY-ST-ZIP	••			T ADDRESS ST-ZIP				:
TITLE		□ Delete	TITLE	-			☐ Chan	ge Addition
NAME			NAME	i				
STREET ADDRESS				T ADDRESS ST-ZIP				
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify to	ar the ever	motions contain	ned in Chanter 11	9 Florida Statutes	further certify that the	ne information
	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee emp							

Daytime Phone #