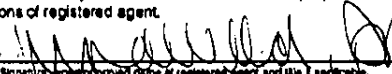
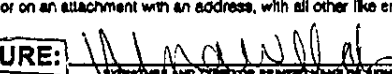


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000152091					
1. Entry Name BAY AREA FOOT & ANKLE, INC.					
Principal Place of Business 501 VILLAGE GREEN PARKWAY SUITE 19 BRADENTON, FL 34209			Mailing Address 501 VILLAGE GREEN PKWY STE 19 BRADENTON, FL 34209		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-3794767			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WELCH, MONA 357 8TH AVE. W. BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE: 				DATE: 6-15-09	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELCH, MONA 405 28TH ST. HOLMES BEACH, FL 34217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELCH, MATT 405 28TH ST. HOLMES BEACH, FL 34217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000155554020 05/06/09--01039--007 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 7/21/09 STATEMENT 08-04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE: 6-15-09	
Signature and Title or Printed Name of Signer Officer or Director				Date Daytime Phone	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 16 AM 11:09



05042009 REIN-P CR2E098 (1/07)