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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000095864

1. Corporation Name

BAYSTREET MANAGEMENT SERVICES, INC

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

40438 EMERALDA ISLAND DR

3. Mailing Office Address

40438 EMERALDA ISLAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG, FL

City & State

LEESBURG, FL

Zip

34788

Country

USA

Zip

34788

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2006

5. FEI Number

20-5235456

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JODI SULLIVAN

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

40438 EMERALDA ISLAND DR

Suite, Apt. #, Etc.

City

LEESBURG

State

FL

Zip Code

34788

400214276184
11/15/11--01001--013 **1050.00

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

REGISTERED AGENT MUST SIGN

Date 11-7-11

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 |
|--------|--------------------------------------|---|--------------------|
| D | VIRGINIA LONG | 40438 EMERALDA ISLAND DR | LEESBURG, FL 34788 |
| D | JODI SULLIVAN | 40438 EMERALDA ISLAND DR | LEESBURG, FL 34788 |
| | | | |
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| | | | |
| | | | |

REINSTATEMENT

10-11
B 11/14/11

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/11

Date

352-669-3037

Daytime Phone #

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Attention: Tina
Fax # 1-850-4245-6897

I Jodi Sullivan owner of Baystreet Management Services
have no intention of revoking the dissolution of Baystreet
Management Services.

Jodi Sullivan

Jodi Sullivan

11/10/11

Date

11-10-11

Amanda Sue Ganung

