

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077028

1. Corporation Name

BAHAI - 5701 CORP.

Principal Place of Business

Mailing Address

3105 WEST WATERS AVE.
TAMPA FL 33614

3105 WEST WATERS AVE.
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

11/05/1993

5. FEI Number

59-3260499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KOLP, ELI	14550 BRUCE B. DOWNS BLVD., APT	TAMPA FL 33613
VD	FRIEDMAN, GERALD	3530 1ST AVENUE N., #116	ST PETERSBURG FL 33713
SD	KOLPAKCHI, ZENAIDA	14550 BRUCE B. DOWNS BLVD., APT	TAMPA FL 33613
TD	KOLPAKCHI, MORDEKHAH	14550 BRUCE B. DOWNS BLVD., APT	TAMPA FL 33613
VD	BARRETT, RUTH	P.O. BOX 350326 N/A	TAMPA FL 33695

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLP, ELI
14550 BRUCE B. DOWNS BLVD., APT 229
TAMPA FL 33613

Name

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

Suite, Apt. #, Etc.

City

4000002706164--3

-12/08/98--01050--007

****758.75 ****758.75

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #