

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # P94000061854

1. Corporation Name

BYE & BYE ENTERPRISES, INC

2. Principal Office Address

1214 E. VINE STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

US

3. Mailing Office Address

1214 E. VINE STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

US

**REINSTATEMENT**

03-04  
MRD

4. Date Incorporated or Qualified  
To Do Business in Florida

8-16-94

5. FEI Number

59-3263660

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

BYE, DEBORAH E

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

1214 E. VINE STREET

Suite, Apt. #, Etc.

City

KISSIMMEE

State  
FL

Zip Code

34744

600030066106

03/09/04--01035--019 \*\*301.00

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

Deborah E. Bye

Date

3-4-04

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
President	DEBORAH E. BYE	1805 VERONA ST	KISSIMMEE, FL 34744
President	Paula A STARK	109 ORANGE AVE	ST. CLOUD FL 34769
Treasurer	TIMOTHY B. STARK	109 ORANGE AVE	ST. CLOUD FL 34769
Secretary	JERRY W. BELT	1618 BENT OAK CT	KISSIMMEE, FL 34744

10. 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)(f), 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:

Deborah E. Bye DEBORAH E. BYE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-4-04

Daytime Phone #

407-847-2727

CR2001 (01/04)