

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 28 AM 8:00

DOCUMENT # P95060021498

1. Corporation Name

BAILEY ENTERPRISES OF
TAMPA INC

2. Principal Office Address

10322 VENITIA REAL AVE

Suite, Apt. #, etc.

APT 307

City & State

Tampa, FL

Zip

33647

Country

USA

3. Mailing Office Address

10322 Venitiz Real Ave

Suite, Apt. #, etc.

APT 307

City & State

Tampa, FL

Zip

33647

Country

REINSTATEMENT 99-03

4. Date Incorporated or Qualified
To Do Business in Florida

3-15-95

5. FEI Number

593313607

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

JOHN W. BAILEY

000021526840

08/28/03--01072--015 **600.00

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

10322 Venitiz Real Ave

000021526840

07/14/03--01092--011 **750.75

Suite, Apt. #, Etc.

APT # 309

City

Tampa

State

FL

Zip Code

33647

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

John W. Bailey

REGISTERED AGENT MUST SIGN

Date 7-11-03

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
V	Barbara Bailey	10322 VENITIZ REAL AVE APT 309	Tampa, FL, 33647

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)(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:

Barbara Bailey

Barbara Bailey

7-11-03

813 361-0634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #