

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047648

1. Corporation Name

BAY. RAYS, INC.

2. Principal Office Address

7 Stonegate Drive

Suite, Apt. #, etc.

City & State

Belleair, FL

Zip

33756

Country

USA

3. Mailing Office Address

7 Stonegate Drive

Suite, Apt. #, etc.

City & State

Belleair, FL

Zip

33756

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/19/1995

5. FEI Number

59-3331638

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

Timothy K. Mariani

300003743583--8

-02/20/01--01084--011

****900.00 ****900.00

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

1550 S. Highland Avenue, Suite B

Suite, Apt. #, Etc.

Suite B

City

Clearwater

State

FL

Zip Code

33756

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

Timothy K. Mariani

REGISTERED AGENT MUST SIGN

Date 2/06/01

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

Daniel M. Doyle

7 Stonegate Drive

Belleair, FL 33756

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/06/01

Daytime Phone #

CR2E081 (9/00)