

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 22 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073477

1. Corporation Name

BAY DEVELOPMENT AND CONSTRUCTION, INC.

Principal Place of Business

19806 BACK BEACH RD.
PANAMA CITY BEACH FL 32413

Mailing Address

P.O. BOX 7278
PANAMA CITY BEACH FL 32413



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

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

175 EARL ROAD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

175 EARL ROAD
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1995

5. FEI Number

59-3339405

Applied For

Not Applicable

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

Zip

32413

Country

USA

Zip

32413

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FORD, FRANKLIN E	19806 BACK BEACH RD.	PANAMA CITY BEACH FL 32413
D	FORD, STACY G	531A9 PINETREE AVE	PANAMA CITY FL 32408

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-01/30/01--01/30--010

****900.00L8****900.00

8. Name and Address of Current Registered Agent

FORD, FRANKLIN E
19806 BACK BEACH RD.
PANAMA CITY BEACH FL 32413

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1-12-2001

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2001
Date

8502315683
Daytime Phone #

CR2E040 (8/00)