

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR



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

2000UBR

FILED

01 JAN -2 PM 2:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000067998

1. Corporation Name

BAY COUNTY EQUIPMENT RENTAL, INC.

Principal Place of Business

Mailing Address

703 MULBERRY AVE
PANAMA CITY FL 32401

703 MULBERRY AVE
PANAMA CITY FL 32401

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

-NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	PIERCY, DAVID	703 MULBERRY AVE	PANAMA CITY FL
VP	PIERCY, C. E.	703 MULBERRY AVE	PANAMA CITY FL
ST	PIERCY, DAVID O II	703 MULBERRY AVE	PANAMA CITY FL

3000003534003--0
-01/12/01--01005--020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERCY, DAVID
703 MULBERRY AVE
PANAMA CITY FL 32401

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

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

Date

Daytime Phone #

KE

CR2E040 (8/00)

20f2

Bay County Equipment Rental, Inc.
703 Mulberry Avenue
Panama City, FL 32401

December 28, 2000

Florida Department of State
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:


Enclosed is the application for reinstatement for our corporation, Bay County Equipment Rental, Inc.

We were unaware of the filing requirements for this corporation. We did not receive any notices for filing until this notice.

Based on our non-receipt of the filing notices we are requesting an abatement of the penalty and are enclosing a check for \$150.00.

Please advise us of your decision.

Sincerely,


David Piercy
President

enclosures