

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000099741**

1. Corporation Name

BAY AMERICA REALTY GROUP, INC.

Principal Place of Business

8910 N DALE MABRY, SUITE 32
TAMPA FL 33614

Mailing Address

8910 N DALE MABRY, SUITE 32
TAMPA FL 33614

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

2. New Principal Office Address, if Applicable

8910 N DALE MABRY

Suite, Apt. #, etc.

SUITE 27

City & State

TAMPA, FL

Zip

33614

Country

HILSBOROUGH

3. New Mailing Office Address, if Applicable

8910 N DALE MABRY

Suite, Apt. #, etc.

SUITE 27

City & State

TAMPA, FL

Zip

33614

Country

HILSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1996

5. FEI Number

59-3414326

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ANDERSON, FRED D	8910 N DALE MABRY, SUITE 32 27	TAMPA FL 33614
D	PRICE, WILLIAM J	8910 N DALE MABRY, SUITE 32 27	TAMPA FL 33614

REINSTATEMENT

12/10/98

000002712320--7
-12/15/98-01016-014
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

ANDERSON, FRED D
8910 N DALE MABRY, SUITE 32
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

ANDERSON, FRED D

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

8910 N DALE MABRY

Suite, Apt. #, Etc.

SUITE 27

City

TAMPA

State

FL

Zip Code

33614

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

12/4/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

FRED D. ANDERSON - D

Date

12/4/98 813-930-2131

Daytime Phone #

CR2040 (9/98)