PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98-99 AR

FILED
99 MAR 18 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000025724

1. Corporation Name: Bay Design & Development Company

Principal Place of Business / Mailing Address:
Bay Design & Development Company
2629 W. 23rd St. Ste. E
Panama City, Fl 32405

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable: Derick Bennett
Suite, Apt. #, etc.: 112 East 3rd Court
City & State: Panama City, Fl
Zip: 32401 | Country: Bay

4. Date Incorporated or Qualified To Do Business in Florida: 3.17.97

5. FEI Number: 59-3435518 ☐ 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
P,S	James R. (J.R.) Carroll	2629 W. 23rd Street Ste E, Panama City, Fl 32405	
VP	Stacey S. Wilson	2629 W. 23rd Street Ste E, Panama City, Fl 32405	
T	Micheal A. Scott	PO Box 149, Panama City, Fl 32402	

8. Name and Address of Current Registered Agent
J.R. Carroll
2629 W. 23rd St. Ste E.
Panama City, Fl 32405

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]
REGISTERED AGENT MUST SIGN
Date: 3.18.99

11. This corporation owes 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3.18.99

Daytime Phone #

CR2E081 (2/98)