

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 27 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000025724

1. Corporation Name

BAY DESIGN AND DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

~~2629 W. 23RD STREET~~  
~~STE E~~  
~~PANAMA CITY FL 32405~~

O.K.



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

03/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3435518

Applied For

City & State

City & State

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	CARROLL, JAMES(J.R.) R	2629 W. 23RD STREET, STE E	PANAMA CITY FL 32405
VP	WILSON, STACEY S	2629 W. 23RD STREET, STE E	PANAMA CITY FL 32405
T	SCOTT, MICHAEL R	PO BOX 149	PANAMA CITY FL 32402
			300003463453--2
			-11/15/00--01005--006
			***750.00 ***750.00
			REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARROLL, J R  
2629 W. 23RD STREET  
STE E  
PANAMA CITY FL 32405

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 10-24-00

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

James R. Carroll, President

10-24-00

Date Daytime Phone #