

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 12 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000078188**

1. Corporation Name **BayCom Inc.**

W99-29490

Principal Place of Business
**3225 S. MADILL AVE
Tampa, FL 33629**

Mailing Address
SAMS

REINSTATEMENT **98-200**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input type="checkbox"/>

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
Pres	John With	3911 VASCONIA STR. Tampa, FL 33629	Tampa FL 33629
			000003114160--9 -01/28/00--01031--022 ****150.00 ****150.00
			000003114160--9 -01/28/00--01031--023 ****900.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Self

Name **John With**
Street Address (P.O. Box Number is Not Acceptable) **3911 VASCONIA STR LS**
Suite, Apt. #, Etc.
City **Tampa** State **FL** Zip Code **33629**

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 **John With**
REGISTERED AGENT MUST SIGN

Date **12-23-99**

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **John With Pres.** **12-23-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**813
266-7120**

Date Daytime Phone #