

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000078188

1. Corporation Name

BAYCOM INC.

Principal Place of Business

3225 S. MACDILL AVE.  
TAMPA FL 33629

Mailing Address

3225 S. MACDILL AVE.  
TAMPA FL 33629

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

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03



500023900405  
10/17/03--01033--026 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/1997

5. FEI Number

59-3473517

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	4 City / State / Zip
P	WITT, JOHN	3911 VASCONIA STREET	TAMPA FL 33629

8. Name and Address of Current Registered Agent

WITT, JOHN  
3911 VASCONIA STREET  
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

JOHN WITT  
5001 LEONA STREET  
Tampa FL 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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-13-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN WITT  
SIGNATURE REQUIRED

10-13-03

# **BAY AREA** **Communications**

*A Division of BayCom Inc.*

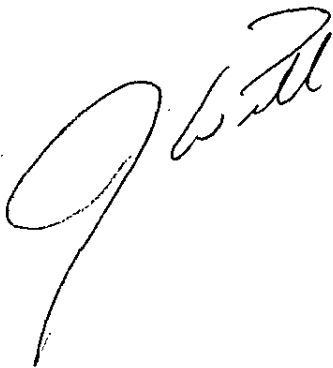
SAMSUNG

10/13/2003

To Whom It May Concern:

We never received any notification that we had a bill due. I have now placed this on my calendar for the next 5 years to look for or call if we do not receive in mail. If this was mailed to Vasconia, I have moved and added the new address in form. Please call if there are any questions---813-835-5790

Sincerely: John Witt



2922 Swann Avenue • Tampa, Florida 33609

Mailing Address:

3225 South MacDill Avenue, Suite 129 • Tampa, Florida 33629

Sales/Service (813) 266-7120 • Email: dialtone@tampabay.rr.com • Fax (813) 839-2035