

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

AND  
FILED

01 JUN 28 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107744

**1. Corporation Name**

BAY VALU TOW. INC.

40000448404--3  
-07/20/01--01102--028  
\*\*\*1058.75 \*\*\*1058.75

**2. Principal Office Address**

166 Escanaba Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

166 Escanaba AVE

Suite, Apt. #, etc.

**City & State**

Panama City Beach FL

Zip

32413

Country

U.S.

**City & State**

Panama City Bch FL

Zip

32413

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1998

**5. FEI Number**

59-3494236

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAVID G. Cobb

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

166 Escanaba Avenue

Suite, Apt. #, Etc.

City

Panama City Beach FL

State

FL

Zip Code

32413

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

[Signature]

Date

06-28-01

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.T. + D.	<u>DAVID G. Cobb</u>	<u>166 Escanaba AV</u>	<u>Panama City Bch FL</u>  <u>32413</u>
		<b>REINSTATEMENT</b>	<u>99-2001</u> <u>Cus</u>

**10.** 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

06-28-01

Daytime Phone #

(850) 230-8877

CR2001 (9/00)