


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 198000063804			
1. Corporation Name Bayport Appraisal Services, Inc.			
2. Principal Office Address 15711 Mapledale Blvd Suite, Apt. #, etc. Suite D City & State Tampa, FL Zip 33624 Country USA		3. Mailing Office Address 15711 Mapledale Blvd Suite, Apt. #, etc. Suite D City & State Tampa, FL Zip 33624 Country USA	

FILED

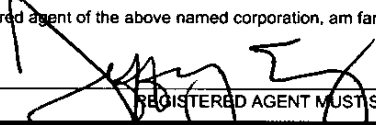
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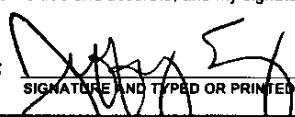
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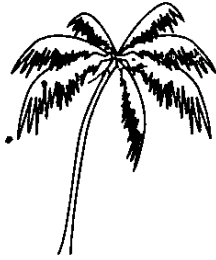
4. Date Incorporated or Qualified To Do Business in Florida	7/17/1998
5. FEI Number	90-0033166
<input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name Jeffrey R. Eiring	
Street Address (P.O. Box Number is Not Acceptable) 15711 Mapledale Blvd	
Suite, Apt. #, Etc. Suite D	
City Tampa	State FL
Zip Code 33624	

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 	Date 6/16/2006

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	Jeffrey R. Eiring	9256 Brindlewood Drive (D)	Odessa, FL 33556

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 contained in Chapter 119, 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	JEFFREY EIRING Date 4/28/2006 (83) 269-9229 Daytime Phone #



Bayport Appraisal Services, Inc.

2082

May 9, 2006

Department of State
Divisions of Corporations
PO BOX 6327
Tallahassee, FL 32314
Attention: Division of Corporations

Dear Department of State:

SUBJECT: PROFIT CORPORATON REINSTATEMENT

This letter is to inform you that I did not receive a reinstatement notice. When I changed my address I submitted a change of address with the United States Post Office. Other mail at that time was forwarded to my office. My accountant also did not notify me of any problems with my corporation. I have enclosed a check for the amount due to reinstate my corporation. I do understand that I need to pay my fees annually. I have released my accountant from this duty to ensure there are no other confusions. Please make note that the renewal information has my current information. I appreciate your assistance with this reinstatement.

Sincerely,

Jeffrey R. Eiring
Owner
Bayport Appraisal Services, Inc.

15711 MAPLEDALE BLVD. SUITE D

15711 MAPLEDALE BLVD. • SUITE D • TAMPA, FL 33624
PHONE: (813) 269-9229 • FAX: (813) 264-2224