

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR - 11 PM 4:38

DOCUMENT # **P98000066096**

1. Corporation Name

Bayer Brothers, Inc.

2. Principal Office Address

**1010 S.W. 46th AVE
#104 POMP. BEACH**

3. Mailing Office Address

1010 S.W. 46th AVE

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

**Pompano Beach
FL.**

City & State

**Pomp. Beach
FLA.**

Zip

33069

Country

USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-27-98

5. FEI Number

05-0840480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99.01

7. Name and Address of Current Registered Agent

Name

Jeffrey E. Bayer

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

1010 SW 46th AVE

Suite, Apt. #, Etc.

#104

City

Pompano Beach

State

FL

Zip Code

33069

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

Jeffrey E. Bayer

REGISTERED AGENT MUST SIGN

Date **3/21/01**

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 E. Bayer | 1010 S.W. 46th AVE #104 | Pompano Beach FL. 33069 |
| | | | |
| | | | |
| | | | 400004013884--0 -04/17/01--01093--011 ***1050.00 ***1050.00 |
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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:

Jeffrey E. Bayer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

Daytime Phone #