

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000027584

1. Corporation Name

BAY INVESTMENTS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

21 OLD KINGS ROAD NORTH #101B
PALM COAST FL 32137

21 OLD KINGS ROAD NORTH #101B
PALM COAST FL 32137

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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/T/S/ A	VALERIE E Kean	21 OLD KINGS ROAD NORTH	PALM COAST, FL 32137

3000004435009--9
-06/21/01--01034--018
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B. PAUL KATZ, ESQUIRE
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST FL 32137

Name

WILLIAM HARKINS

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

21 OLD KINGS ROAD NORTH

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

SIGNATURE REQUIRED

Date 5/09/01

REGISTERED AGENT MUST SIGN

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

5/09/01 904 446 8100

Daytime Phone #

CR2E040 (8/00)