

\*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 AUG 12 AM 9: 51

TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000029756

**1. Corporation Name**

BAY LENDING OF NORTHWEST FLORIDA, INC.

**2. Principal Office Address**

122 RACE TRACK ROAD

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. BOX 976

Suite, Apt. #, etc.

**City & State**

FORT WALTON BEACH, FL

**City & State**

DESTIN, FL

**Zip**

32547

**Country**

OKALOOSA

**Zip**

32540

**Country**

OKALOOSA

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

3/31/1999

**5. FEI Number**

58-2464858

**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**

MELANIE ANDERSON

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

122 RACE TRACK ROAD

Suite, Apt. #, Etc.

**City**

FORT WALTON BEACH

**State**

FL

**Zip Code**

32547

**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

*Melanie Anderson*

REGISTERED AGENT MUST SIGN

Date 8-1-05

**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
PRESIDENT	MELANIE ANDERSON	122 RACE TRACK ROAD	FT. WALTON BEACH, FL 32547

**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:**

*Melanie Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-05

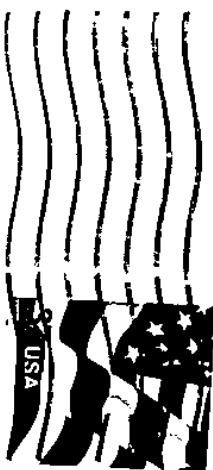
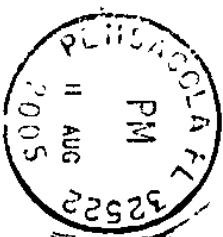
Date

850-243-9200

Daytime Phone #

CR2E031 (01/05)

M. Williams AUG 12 2005



DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

32314+6327