


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000050469		
1. Entity Name BAY ENVIRONMENTAL LABORATORY, INC.		

Principal Place of Business 1616 WILDRIDGE RD LYNN HAVEN, FL 32444	Mailing Address PO BOX 1001 PANAMA CITY, FL 32402
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
05 OCT 31 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3594634	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLFE, LARRY S 200-A JOHN KNOX ROAD TALLAHASSEE, FL 32303		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Larry S. Wolfe (registered agent)</u> <small>Signature, typed or printed name of registered agent and title, applicable.</small>	DATE <u>10/25/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b></p>	<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	WILLIAMS, DEBRA R	NAME	
STREET ADDRESS	1616 WILDRIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	WILLIAMS, M. DAXON	NAME	
STREET ADDRESS	1616 WILDRIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	WILLIAMS, MALLORY H	NAME	
STREET ADDRESS	1616 WILDRIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <u>Debra R. Williams</u>	NAME: <u>Debra R. Williams</u>	TITLE: <u>PD</u>	DATE: <u>10-21-05</u>	DAYTIME PHONE: <u>850-271-1254</u>
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