

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Q

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -8 AM 9:37



DOCUMENT # P99000081661

1. Corporation Name

BAY AREA RESULTS, INC.

Principal Place of Business

Mailing Address

16231 SAWGRASS CIR.
TAMPA FL 33624

16231 SAWGRASS CIR.
TAMPA FL 33624

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

09/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3604701

Not Applicable

Zip

Country

Zip

Country

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
D	BROWN, LESLIE	16231 SAWGRASS CIR.	TAMPA FL 33624

300003509319--5
-12/20/00--01084--022
****150.00 ****150.00

12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, SCOTT F
200 S. HOOVER BLVD., BLDG. 201, SUITE 140
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

CR2E040 (8/00)

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

Daytime Phone #

19 OCT 00

813.269.8900

Leslie Brown, President
Bay Area Results, Inc.
16231 Sawgrass Circle
Tampa, FL 33624

FEIN: 59-3604701

October 18, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed Notice of Administrative Dissolution

This letter is written in response to the Notice of Administrative Dissolution or Revocation I have recently received. I request that the Department of State consider reinstating Bay Area Results, Inc. and waiving the reinstatement fee based on the following:

- ~~I previously have never received any notices to file. The US Post~~
Office had not been delivering my corporate mail to the above address because it was a residence. I have since corrected the problem and am now receiving my mail.
- I was not aware of the annual report requirement as I have only been incorporated since September 9, 1999 and have never had to file such a report in the past.

I pray that the state will allow me to continue as Bay Area Results, Inc. due to the fact that my failure to file a report *was not intentional*. I have included a check for \$150 to pay my annual fees.

Sincerely,



Leslie Brown