

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000104473

1. Corporation Name

BAY AREA POOL SITTERS INC.

Principal Place of Business

8606 LAKE ISLE DR.
TAMPA FL 33637

Mailing Address

8606 LAKE ISLE DR.
TAMPA FL 33637

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

115 N Pinewood Ave
Brandon, FL
33510

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

5. FEI Number

59-3613742

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | BADER, LOUIS J | 8606 LAKE DALE DR | TAMPA FL 33637 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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REINSTATEMENT

8. Name and Address of Current Registered Agent

BADER, LOUIS J
8606 LAKE ISLE DR.
TAMPA FL 33637

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Louis J Bader
REGISTERED AGENT MUST SIGN

Date

10/13/13

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

Louis J Bader

Date

Daytime Phone #

10/9/13 834171206

CR2E040 (7/03)

2

October 10, 2003

Louis Bader
Bay Area Pools Sitters, Inc.
8606 Lake Isle Dr
Tampa, FL 33637
813-988-3535


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

To whom it may concern,

I have enclosed a check for \$ 150.00 for the annual fee. I request a waiver of the reinstatement fee as I can't recall ever getting a previous notice asking me to file this report. It may have been overlooked or thrown out by accident but I sure can't remember getting anything.

We have changed the mailing address to a more secure mail drop and hope that by doing this will solve our problem in the future.

Thank you,



Louis Bader