

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -2 PM 3:04

DOCUMENT # V11802

1. Corporation Name  
**BAY RESTAURANT MANAGEMENT, INC.**

000004302810--9  
-05/23/01--01103--001  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address  
**3103-A SAN RAFAEL**

3. Mailing Office Address  
**280 LEAF COURT**

**REINSTATEMENT 00-01**

City & State  
**TAMPA, FLORIDA**

City & State  
**ALPHARETTA, GEORGIA**

4. Date Incorporated or Qualified To Do Business in Florida  
**2/5/1992**

5. FEI Number  
**59-310972**

Applied For  
Not Applicable

Zip Country  
**33629 USA**

Zip Country  
**30005 USA**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**WILLIAM E. TURNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**3103-A SAN RAFAEL**  
Suite, Apt. #, Etc.  
City  
**TAMPA**

State Zip Code  
**FL 33629**

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  
**William E. Turner**  
REGISTERED AGENT MUST SIGN

Date  
**4-19-2001**

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
D/P	WILLIAM E. TURNER	3103-A SAN RAFAEL	TAMPA, FL 33629
D/T/S	THOMAS M. WHITAKER	204 ELMCREST DR.	HOLLY SPRINGS, NC 27540

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, that all corporate taxes and other taxes 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: **William E. Turner**  
**WILLIAM E. TURNER, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-2001** **770-313-5458**  
Date Daytime Phone #

CR2E081 (9/00)