

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 30 AM 8:24

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **H78612**

1. Corporation Name
BACH & ASSOCIATES, INC.

Principal Place of Business: 2122 EDGEWATER DR. ORLANDO FL 32804 US
 Mailing Address: 315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714



REINSTATEMENT

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable <i>501 W. Fairbanks Ave Suite, Apt. #, etc. Winter Park FL</i> | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip <i>32789</i> | | 4. Date Incorporated or Qualified To Do Business in Florida 10/01/1985 | |
| City & State | | Country <i>USA</i> | | 5. FEI Number 59-2610674 | |
| | | | | Applied For Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|------------|-------------------------------------|--|---|
| PD | BACH, SUSAN A. | 315 SPRING VALLEY DR. | ALTAMONTE SPGS. FL |
| VP | BACH, LARRY A | 315 SPRING VALLEY DR. | ALTAMONTE SPRINGS FL |
| | | | 200003472552--1 -11/21/00--01052--013 ****750.00 ****750.00 |

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent BACH, SUSAN A. 315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714 | | 9. Name and Address of New Registered Agent Name <i>Larry A Bach</i> Street Address (P.O. Box Number is Not Acceptable) <i>315 Spring Valley Dr</i> Suite, Apt. #, Etc. City <i>Altamonte Springs</i> State FL Zip Code <i>32714</i> | |
|---|--|--|--|

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]* Date: *10/26/00*
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Larry A. Bach VP
 Date: *10/26/00* Daytime Phone #: **KE**

CR2E040 (8/00)