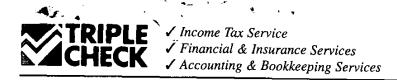
904-241-2533

Daytime Phone #

1/29/05 Date

	P	LEASE READ	ALL INST	RUCTIONS BEFORE (COMPLETING THIS FORM.
	RPORATIO STATEME		8	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	OSFEB-2 PH 6: 09 SECRETARY OF STATE TALLAHASSET, FLORIDA
DOCL	JMENT	# P03000133	3812		TALLAHASDICTURA
1. Corporation Name					ł
BAY	' BROTHI	ERS, INC.			
				ffice Address	
					REINSTATEMEN
Suite, Apt. #, etc.				etc.	4. Date Incorporated or Qualified
					To Do Business in Florida 11-17-03
JACK	JACKSONVILLE, FL p Country		JACKS		5. FEI Number Applied For 01-08022308 Not Applicable
^{Zip} 32211	f f	•	32211	USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
<u> </u>	<u> </u>		7. N	lame and Address of Current Registe	ered Agent
	2796 WOOLERY DRIVE a, Apt. #, etc. APT. 9 & State ACKSONVILLE, FL Country USA 7. Name and Address of Current Registered Agent Name JAMES S. KOLLER Street Address (P.O. Box Number is Not Acceptable) City JACKSONVILLE APT. 9 City JACKSONVILLE Suite, Apt. #, Etc. APT. 9 City JACKSONVILLE APT. 9 APT. 9 APT. 9 APT. 9 APT. 9 APT. 9 City JACKSONVILLE AP				
i	Street Address (P.O. Box Number is Not Acceptable)				<u>'</u>
				2796 WOOLERY DRIV	/E
	Suite, Apt. #,	APT. 9			
	City JAC	KSONVILLE			State Zip Code FL 32211
8. 1, being	appointed the re	egistered agent of the abor	e named corpo	ration, am familiar with and accept the c	obligations of section 607.0505 or 617.0503, F.S.
Signature of			2000,	_	
Registered	Agent	RE	GISTERED AG	ENT MUST SIGN	Date
9. Names	and Street Add	resses of Each Officer and	or Director (Flo	rida nonprofit corporations must list at le	least 3 directors)
Titles					
Р	JAMES S.	KOLLER		2796 WOOLERY DRIVE,	APT. 9 JACKSONVILLE, FL 32211
VP	CHRISTO	PHER L. RODRIG	UEZ	7201 ARLINGTON EXP#	37.10.10.07.1.122,1.2.012.1.1
					300046418223 02/11/0501010006 **300.00
					
					s provided for in chapter 607 or 617, F.S. I further certify that when filing
owed b	by the corporatio	n have been paid and the	names of individ		r an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

January 31, 2005

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

Re: Application for Reinstatement

Document P93000133812- Bay Brothers, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept his application and payment of \$300.00, for the year 2004 and 2005.

Mr. Kollers President of the above Corporation, did not receive his report for the referenced corporation. He has had no address changes and should have received all reports timely. While reviewing his taxes this year it was discovered that he did not receive the report. We promptly prepared the necessary paperwork to submit to your office. Mr. Koller has always been very conscientious about forwarding all government paperwork to us and paying all fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement

Check # 1065

Cc: James S. Koller