


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUN -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 383672
1. Corporation Name
Bay Associates, Inc.

2. Principal Office Address - No P.O. Box # 1938 Hoffner Ave.		3. Mailing Office Address 1938 Hoffner Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809	Country USA	Zip 32809	Country USA

CR2B081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **June 10, 1971**

5. FEI Number **59-1407978**

Applied For	
Not Applicable	

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

7. Name and Address of Current Registered Agent

Name **Rufus O Van Dyke, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
1938 Hoffner Ave.

Suite, Apt. #, Etc.

City Orlando	State FL	Zip Code 32809
------------------------	--------------------	--------------------------

REINSTATEMENT
2010-12
600235483858
05/23/12--01032--008 **1058.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent *Rufus O. Van Dyke, Jr.* Date **May 21, 2012**

REGISTERED AGENT MUST SIGN

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
V	Bonnie M Van Dyke	1938 Hoffner Ave.	Orlando, FL 32809
PD	R.O. Van Dyke, Jr.	1938 Hoffner Ave.	Orlando, FL 32809
SD	Andrea L. Fraser	3051 Keel Court	Tavares, FL 32778

JUN 01 2012
T. SCOTT

10. E-mail Address: vandy230@aol.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *R.O. Van Dyke, Jr.* **R.O. VAN DYKE, JR** Date **May 21, 2012** 407-855-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #