


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 OCT 16 AM 10:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # PA4000062054

1. Corporation Name
 BAY ROAD VENTURE, INC.

Principal Place of Business Mailing Address
 1130 Washington Avenue, 4th Floor
 Miami Beach, Florida 33139
 MAILING: SAME AS ABOVE

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	8/23/94
City & State	City & State	5. FEI Number
Zip	Country	65-0528605
33139	Dade	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	ROBERT SALAND	1130 Washington Ave, 4th Floor	Miami Beach, Fla. 33139

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BRIAN J. MCDONOUGH 150 W. Flagler Street 2200 Museum Tower Miami, Florida 33130	Name ROBERT SALAND Street Address (P.O. Box Number is Not Acceptable) 1130 Washington Avenue Suite, Apt. #, Etc. 4th Floor City Miami Beach State FL Zip Code 33139

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 10/13/00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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], ROBERT SALAND, PRES. 10/13/00 305-495-1119

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

CR2E040 (12/96)