


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 11: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000028057520
02/02/04--01092--012 **900.00

000028057520
02/02/04--01092--011 **8.75

DOCUMENT # **PA7000068040**

1. Corporation Name
Bay Marina Property, Inc.

2. Principal Office Address
854 River Point Drive

3. Mailing Office Address
c/o The Beechwood Company

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Pittsburgh, PA

Zip
34102

Country
USA

Zip
15222

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
8/6/1997

5. FEI Number
23-2917370

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 by: **NRAI Services, Inc.**
Maria Clerkin, Assistant Secretary Date **1/6/04**

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
P/D	Mr. Daniel C. McGrogan	Suite 850, 1001 Liberty Avenue	Pittsburgh, PA 15222
S/T/D	Mr. Thomas R. Donahue	Suite 850, 1001 Liberty Avenue	Pittsburgh, PA 15222
V/D	Mr. J. Christopher Donahue	Suite 850, 1001 Liberty Avenue	Pittsburgh, PA 15222

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, 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: *Daniel C. McGrogan* **PRESIDENT** Date **1/5/04** Daytime Phone # **(412) 471-6420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)