

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 APR 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1996 ANNUAL REPORT**
586641
1. Corporation Name
Bayview Financial Trading Group, Inc.

Principal Place of Business Mailing Address
2665 S. Bayshore Dr., Suite 301
Miami, FL 33133

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State **NA**
Zip Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State **NA**
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **9-18-78**

5. FEI Number **59-2742556** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P-D	NANCY M. REYCRAFT	2665 S. Bayview Dr. Suite 301	Miami, FL 33133
			2000001794937 -04/25/96--01083--014 ****287.50 ****200.00

8. Name and Address of Current Registered Agent

Nancy Reycraft
2665 S. Bayshore Drive, #301
Miami, FL 33133

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State **FL** Zip Code

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 _____ Date _____
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: **X** **Nancy Reycraft**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 **305/854-8880**
Date Daytime Phone #

NANCY REYCRRAFT, PRESIDENT

CR2E040 (12/95)