

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

11 NOV 14 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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04-11

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 857257

1. Corporation Name

BAY MANAGEMENT CORP. (OF DELAWARE)

2. Principal Office Address - No P.O. Box #

117 WEST 72ND STREET

Suite, Apt. #, etc.

STE 5W

City & State

NEW YORK, NY

Zip

10023

Country

US

3. Mailing Office Address

117 WEST 72ND STREET

Suite, Apt. #, etc.

STE 5W

City & State

NEW YORK, NY

Zip

10023

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
13 2665595

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

WEISS SEROTA HELFMAN PASTORIZA

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

COLE & BONISKE, P.L.  
ATTORNEYS AT LAW

Suite, Apt. #, Etc.

200 E. BROWARD BOULEVARD  
SUITE 1900

City

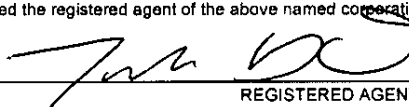
FORT LAUDERDALE, FLORIDA 33401

FL

**REINSTATEMENT**

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



REGISTERED AGENT MUST SIGN

Date 11-07-11

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
PTD	RONALD A. NICHOLSON	1016 FIFTH AVENUE	NEW YORK, NY
VP	DOUGLAS S. SWAIN	138 PINE STREET	MEDFIELD, MA 02052
VPS	JAMES A. NICHOLSON	354 WHIPPOORWILL ROAD	CHAPPAQUA, NY

11/15

10. E-mail Address: JIM@NICHOLSON3@VERIZON.NET

(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:



James A. Nicholson, V.P.

11-1-2011

Date

(212) 874-5900

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR