

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/10)


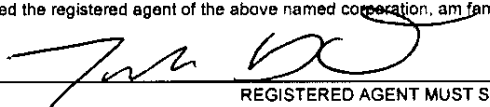
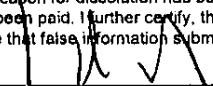
4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
13 2665595

☐ Applied For
☐ Not Applicable

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

REINSTATEMENT

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		3. Mailing Office Address 117 WEST 72ND STREET	
Suite, Apt. #, etc. STE 5W		Suite, Apt. #, etc. STE 5W	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10023	Country US	Zip 10023	Country US
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 State FL Zip Code 33401			
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 		Date 11-07-11	
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
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
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 (212)874-5990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	