

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 APR 30 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003206

1. Corporation Name

Baha Industries Corp

900259697199

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
462 Seventh Avenue		462 Seventh Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
15th Floor		15th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10018	United States	10018	United States

4. Date Incorporated or Qualified To Do Business in Florida 06/24/2003	
5. FET Number 13-3926270	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 Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City	State	Zip Code
Tallahassee	FL	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	Sue G. Knight Assistant Vice President	Date 4-30-14
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
Pres	Harold Herling	20 Emerson Rd.	Brookville, NY 11545
Vice	Steven Shapiro	142 Flying Point Rd.	Water Mill, NY 11976

10. E-mail Address: swatson@ostny.com
(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:	Steven Shapiro	4/29/14 212 273-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date DAYTIME PHONE

APR 30 2014  
M. WILLIAMS

**CSC.**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 113127 7951729

AUTHORIZATION

COST LIMIT : \$ 1950.00

ORDER DATE : April 30, 2014

ORDER TIME : 3:02 PM

ORDER NO. : 113127-005

CUSTOMER NO: 7951729

REINSTATEMENT

NAME: BAHA INDUSTRIES CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
14 APR 30 PM 4:29