
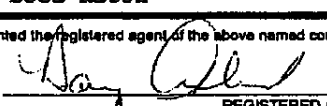



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FILED
Jan 17, 2006 8:00 A.M.
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F04000000248					
1. Corporation Name Bayshore Vinyl Compounds, Inc.					
2. Principal Office Address 4400 N. Federal Highway			3. Mailing Office Address Same		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State Boca Raton			City & State		
Zip 33431	Country USA	Zip	Country		
4. Date incorporated or Qualified To Do Business in Florida 1/14/04					
5. FEI Number 22-2693485				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Barry Axelrod					
Street Address (P.O. Box Number is Not Acceptable) 4400 N. Federal Highway					
Suits, Apt. #, Etc.					
City Boca Raton				State FL	Zip Code 33431
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 1/5/06	
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	
President					
Treasurer	Barry Axelrod	4400 N. Federal Highway		Boca Raton, FL	
Vice President					
Secretary	Elias Muhlrad	186 N. Main Street		Florida, NY 10921	
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)(f), 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:  Barry Axelrod				Date 1/3/06 (732) 577-7900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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**Florida Department of State
Division of Corporations
Public Access System**

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

BAYSHORE VINYL COMPOUNDS INC.

Certificate of Status	1
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