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F 95000006325

CT CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

800001674178
-12/29/95--01051--005
*****70.00 *****70.00

12-29

H + m Bay, Inc.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

IN ACCORDANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUE FOR THE PURPOSE OF REGISTERING A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. H & M Bay, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Maryland
(State or country under the law of which it is incorporated)
3. 52-1930791
(FEI number, if applicable)
4. July 1, 1995
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. 4438 East New Market/Hurlock Highway, Hurlock, Maryland 21643
(Current mailing address)
8. To engage in general sales.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

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10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

Marilyn Lizzio
(Registered agent's signature) (Officer)

MARILYN LIZZIO, ASSISTANT SECRETARY

(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: see attached list of directors

Address: _____

Vice Chairman: see attached list of directors

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Walter P. Messick PRESIDENT
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. WALTER P. MESSICK PRESIDENT
(Typed or printed name and capacity of person signing application)

OFFICERS AND DIRECTORS

H & M BAY, INC.

LAWRENCE HAYMAN
DIRECTOR/CHAIRMAN OF THE BOARD
4438 East New Market/Hurlock Hwy.
Hurlock, MD 21643
Social Security #217-52-2319

WALTER MESSICK
DIRECTOR/PRESIDENT
4438 East New Market/Hurlock Hwy.
Hurlock, MD 21643
Social Security #215-44-6372

AL SAULSBURY
TREASURER
4438 East New Market/Hurlock Hwy.
Hurlock, MD 21643
Social Security #: 221-34-3239

SECRETARY
WAYNE COLE
4438 East New Market/Hurlock Hwy.
Hurlock, MD 21643
Social Security #: 220-68-9807

ASST. SECRETARY
K. KING BURNETT
115 Broad Street
Salisbury, MD 21801
Social Security #214-32-6558

STATE OF MARYLAND

411538

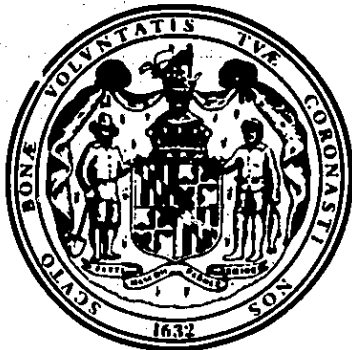
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, JACQUELINE C JAMES OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT H & M BAY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

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IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 28TH DAY OF DECEMBER, 1995.

Jacqueline C. James
JACQUELINE C JAMES
OFFICE SUPERVISOR I

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F95000006325**

1. Corporation Name
H & M BAY, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**4438 E NEW MARKET/HURLOCK HWY
HURLOCK MD 21043**



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		52-180791	
Country		Country		Applied For	
				Not Applicable	
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
DCS	HAYMAN, LAWRENCE	4438 E NEW MARKET/HURLOCK HWY	HURLOCK MD 21043
DP	MESSICK, WALTER	4438 E NEW MARKET/HURLOCK HWY	HURLOCK MD 21043
T	SAULSBURY, AL	4438 E NEW MARKET/HURLOCK HWY	HURLOCK MD 21043
S	COBE/WANDER	4438 E NEW MARKET/HURLOCK HWY	HURLOCK MD 21043
F	BURNETT, K. KING	4438 E NEW MARKET/HURLOCK HWY	HURLOCK MD 21043

REINSTATEMENT *96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 800002033948--9	
		City -12/19/96--01060--025	
		State FL	
		Zip 33375-00	

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 *Barbara A. Burke* **BARBARA A. BONES**
REGISTERED AGENT MUST SIGN **SPECIAL ASSISTANT SECRETARY** *12/16/96*

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 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)(l), 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: *Al Saulsbury* **SAULSBURY** **CEO** *10-11-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
6410-243-4954
6410-243-4954

CRS 6040 (7/95)