

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 2:02

DOCUMENT # F97000006751

1. Corporation Name

BAY CABLE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2444 SOLOMONS ISLAND ROAD, STE 202
ANNAPOLIS MD 214012444 SOLOMONS ISLAND ROAD, STE 202
ANNAPOLIS MD 21401

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1997

5. FEI Number

52-1723678

Applied For

Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	HAYES JR, ROY E	2444 SOLOMONS ISLAND RD, STE 202	ANNAPOLIS MD
SD	O'BRIEN, MICHAEL S	2444 SOLOMONS ISLAND RD, STE 202	ANNAPOLIS MD
			600003514596--4 -12/27/00--01070--005 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYES JR, ROY E

-110 STATE ROAD 419, STE A

-WINTER SPRINGS FL 32708-

Name

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

7281 Sunshine Grove Road, Suite 102

Suite, Apt. #, Etc.

City

Brooksville,

State

FL

Zip Code

34613

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

SIGNATURE REQUIRED

Date

12-08-00

REGISTERED AGENT MUST SIGN

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., 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)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-00

Date

410-266-9893

Daytime Phone #

F97000006751

(2)

BAY CABLE MANAGEMENT, INC.

December 8, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Suite 202
2444 Solomons Island Road
Annapolis, Maryland 21401
(410) 266-9393
Washington (301) 970-2121
Telefax (410) 266-9054

Re: Bay Cable Management, Inc.
Application for Reinstatement
Document No. F97000006751

To Whom It May Concern:

Please be advised that Bay Cable Management, Inc. never received a Corporation Annual Report/Uniform Business Report for the State of Florida for 2000. Therefore, not having received forms or any notification, we could not have filed within the allotted time.

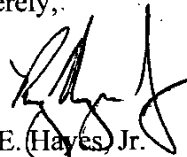
Enclosed please find an Application for Reinstatement, along with our check in the amount of \$150.00 (\$61.25 Annual Report Fee + \$88.75 Corporate Supplemental Fee).

Please send the forms for the year 2001 to:

Bay Cable Management, Inc.
2444 Solomons Island Road, Suite 202
Annapolis, Maryland 21401
Attention: Jennifer Lawler

Should you have any questions or require additional information, please do not hesitate to contact me at your earliest convenience. Thank you for your attention to this matter.

Sincerely,



Roy E. Hayes Jr.
President

REH:kg

Enclosures