

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F99060005 213

1. Corporation Name

BAY CAPITAL OF AMERICA CORP.

REINSTATEMENT 02-04

2. Principal Office Address

3370 NE 190th St.

Suite, Apt. #, etc.

Suite 2408

City & State

Aventura FL

Zip

33180

Country

MIAMI-DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

600030947316

03/23/04--01106--009 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/90

5. FEI Number

13-3589847

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

ROBERT L. ROMANO

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

3370 NE 190 Street

Suite, Apt. #, Etc.

2408

City

Aventura

State

FL

Zip Code

33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/19/04

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	Robert L. ROMANO	3370 N.E. 190 th Street	Aventura FL 33180
VP	HENRY S. KOCH	1477 LANTANA Court	Weston FL 33326

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/04

Daytime Phone #

305-987-5081

CR2E01 (01/04)



Bay Capital of America Corporation

3370 N.E. 190th Street, Suite #2408 ♦ Aventura, FL 33380 ♦ Tel: (305) 987-5081 ♦ Fax: (305) 931-3866

March 19, 2004

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

To Whom It May Concern:

Please be advised that on this date, I called your office regarding the inactive status of Bay Capital of America Corporation. I respectfully asked for a waiver of reinstatement charges since the company has significantly reduced its business opportunities and relocated its principal address.

The company now serves only one account and has very little income. Upon relocating the principal address, your office must not have received the change of address and therefore the annual reminder to file was never received. I was asked to submit this request along with a payment of \$450.00 to affect the reinstatement of Bay Capital of America Corporation to active status.

Therefore, a check is enclosed and your assistance is truly appreciated.

Sincerely,

Robert L. Romano
President