

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR -8 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112409

1. Corporation Name
BAY COLONY EXXON, INC.

2. Principal Office Address
1920 East Hallandale Beach
Suite, Apt. #, etc. Blvd. Suite PH-2

3. Mailing Office Address
1920 East Hallandale Beach
Suite, Apt. #, etc. Blvd. Suite PH-2

City & State
Hallandale, Florida

City & State
Hallandale, Florida

Zip Country
33009 USA

Zip Country
33009 USA

4. Date Incorporated or Qualified To Do Business in Florida
12/07/2000

5. FEI Number
65-1060580

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

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-03/26/02--01045--001
****900.00 ****900.00

7. Name and Address of Current Registered Agent

Name
GARY A. KORN, Esquire

Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Boulevard

Suite, Apt. #, Etc.
Suite 501

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** 2/27/2002

GARY A. KORN, Esq.

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
P/D	DAVID ROIZES	1920 East Hallandale Beach Blvd., Suite PH-2	Hallandale, Florida 33009

REINSTATEMENT 01-02-78

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]* **DATE** 2/27/2002 **DAYTIME PHONE #** 718-236-4970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID ROIZES

CR2E081 (9/01)