

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P00000112409

04 JUL 22 AM 9:19

1. Corporation Name

BAY COLONY EXXON, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1920 EAST HALLANDALE BEACH BLVD. STE. PH-2 HALLANDALE FL 33009	1920 EAST HALLANDALE BEACH BLVD. STE. PH-2 HALLANDALE FL 33009



REINSTATEMENT 03-04

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.		12/07/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-1060580	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROIZES, DAVID	1920 EAST HALLANDALE BEACH BLVD,	HALLANDALE FL 33009
VP	GREGORY AIZEN	9801 Collins Ave: #11X Bal Harbour, FL 33154	Bal Harbour, FL 33154

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORN, GARY A ESQ  
20801 BISCAYNE BLVD.  
STE. 501  
AVENTURA FL 33180

Name LARRY S. SAZANT, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
1920 East Hallandale 12th 13th  
Suite, Apt. #, Etc. PH-2  
City Hallandale State FL Zip Code 33009

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. or 617.0505, F.S.

Signature of Registered Agent *Larry S. Sazant* Date July 15/04  
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: *Gregory Aizen* Date July 15/04 Daytime Phone # 347-392-6526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)