


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000137439</b> 1. Entity Name <b>BAY DRIVE REALTY &amp; INVESTMENTS CORPORATION</b>					
Principal Place of Business <b>2740 STIRRUP LANE WESTON, FL 33331</b>			Mailing Address <b>2740 STIRRUP LANE WESTON, FL 33331</b>		
2. Principal Place of Business <b>1509 Meadows Blvd.</b>		3. Mailing Address <b>1509 Meadows Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Weston, FL</b>		City & State <b>Weston, FL</b>		4. FEI Number <b>36-4545362</b>	
Zip <b>33327</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MIR, HECTOR J 2655 LE JEUNE ROAD SUITE 1107 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Hector J. Mir</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>02/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMACHO, GUIDO 2740 STIRRUP LANE WESTON, FL 33331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Camacho, Guido 1509 Meadows Blvd. Weston, FL 33327	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Guido Camacho</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/26/05</b> (305) 444-0460 <small>Daytime Phone #</small>		

FILED

05 FEB 25 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05  
01262005 REIN-P CR2E098 (6/04)

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