2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000165901

1. EntityName
THE BAYNHAM GROUP, INC.

FILED
94 DEC 14 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PrincipalPlaceofBusiness	MailingAddress
8 EAST WINDS CIRCLE TEQUESTA, FL 33469	8 EAST WINDS CIRCLE TEQUESTA, FL 33469

REINSTATEMENT 2005

11/02/2005 BEIN/P CR2E098(6/04)

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 20-2031042 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
BAYNHAM, G. CLAY 8 EAST WINDS CIRCLE TEQUESTA, FL 33469	Name: Mitchell D. Schepps, Esq. StreetAddress (P.O.BoxNumberisNotAcceptable): Sonnenschein Nath & Rosenthal LLP 777 South Flagler Drive, Ste. 600E City: West Palm Beach **FL** ZipCode: 33401

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____
Signature,mayorprintednameofregisteredagent,ifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PTD BAYNHAM, G. CLAY 8 EAST WINDS CIRCLE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VSD BAYNHAM, CAROLYN 8 EAST WINDS CIRCLE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700061744487 11/29/05--01016--002 **750.00
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. Ihereby 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: _____ 11-14-05 561-694-7776
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#