

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Thomas, hereby resign as Director
(Title)

of BC&D Insurance Specialist, Inc.
(Name of Corporation)

P08000071523, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Michael Thomas
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

09 SEP -3 PM 12:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP -8 PM 2:38

KS

DOCUMENT # P03000072300

1. Corporation Name

Bay Property Management INC.

000159425430
08/10/09--01046--005 **441.25
06/11/09 01055 012-750.00
06/11/09 01055 011-758.75

2. Principal Office Address - No P.O. Box #

1242 Drexel Ave

3. Mailing Office Address

1401 BAY RD.

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

508

City & State

Miami FL

City & State

miami FL

Zip

33139

Country

Dade

Zip

33139

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

020697008

☐ 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

Pasquale J. Dellomo

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

1401 BAY RD.

Suite, Apt. #, Etc.

508

City

Miami

State
FL

Zip Code
33139

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

06/11/09--01055--012 **750.00

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

Pasquale J. Dellomo
REGISTERED AGENT MUST SIGN

000159425430
06/11/09 01055--011 **8.75

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
<i>President</i>	<i>Pasquale J. Dellomo</i>	<i>1401 BAY RD 508</i>	<i>Miami FL 33139</i>

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 contained in Chapter 119, 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:

Pasquale J. Dellomo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 6, 2009

Date

Daytime Phone #