

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 10 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG3000050367

1. Corporation Name

Bay Realty & Mortgage Co.

2. Principal Office Address

4770 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Miami, FL

Zip

33137

Country

U.S.A.

3. Mailing Office Address

4770 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Miami, FL

Zip

33137

Country

U.S.A.

REINSTATEMENT

9500

4. Date Incorporated or Qualified
To Do Business in Florida

July 19, 1993

5. FEI Number

1650423133

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

Bernard Rein

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

15990 SW 109 St.

Suite, Apt. #, Etc.

800003372388-5

08/24/00 01090 027

***1508.75 ***1508.75

City

Miami

State

FL

Zip Code

33196

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 August 8, 2000

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
Pres.	<u>Bernard Rein</u>	<u>15990 SW 109 St.</u>	<u>Miami, FL 33196</u>
Sec.	<u>Bernard Rein</u>	<u>15990 SW 109 St.</u>	<u>Miami, FL 33196</u>
Tres.	<u>Bernard Rein</u>	<u>15990 SW 109 St.</u>	<u>Miami, FL 33196</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 8, 2000 305-576-2111
Date Daytime Phone #