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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 SEP -8 AM 11:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>CORPORATION</b> <b>REINSTATEMENT</b>					
Document # P96000027097					
1. Corporation Name <b>CASTLE BAY FARM, INC.</b>					
2. Principal Office Address 1095 North Ocean Boulevard Suite, Apt. #, etc.		3. Mailing Office Address 1095 North Ocean Boulevard Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida March 27, 1996	
City & State Palm Beach, Florida		City & State Palm Beach, Florida		5. FEI Number 65-0631337	
Zip 33148	Country USA	Zip 33148	Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>NATIONAL CORPORATE RESEARCH, LTD., INC.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>103 N. Meridian Street</b>					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
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 <u><i>Ann Marie Cummins</i></u> Date <u>9/5/03</u> <u>ANN MARIE CUMMINS</u> REGISTERED AGENT MUST SIGN <u>ASST. SECY.</u>					
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	
President & CEO	John K. Castle	1095 North Ocean Boulevard		Palm Beach, FL 33148	
Secretary & Treasurer	Ellen Miller	150 East 58th Street, 37th floor		New York, NY 10155	

REINSTATEMENT 97-03

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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:

John K. Castle, President & CEO 9/3/03 212-644-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #