

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000068040**

1. Corporation Name

Bay Marina Property, Inc.

2. Principal Office Address

854 River Point Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

c/o The Beechwood Company

Suite, Apt. #, etc.

Suite 850, 1001 Liberty Ave.

City & State

Pittsburgh, PA

Zip

15222

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/6/1997

5. FEI Number

23-2917370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

000028057520
02/02/04--01092--012 **900.00

000028057520
02/02/04--01092--011 **8.75

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

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.

NRAI Services, Inc.

Signature of

Registered Agent

by:

Maria Clerkin, Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

1/6/04

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 |
|--------|--------------------------------------|---|----------------------|
| P/D | Mr. Daniel C. McGrogan | Suite 850, 1001 Liberty Avenue | Pittsburgh, PA 15222 |
| S/T/D | Mr. Thomas R. Donahue | Suite 850, 1001 Liberty Avenue | Pittsburgh, PA 15222 |
| V/D | Mr. J. Christopher Donahue | Suite 850, 1001 Liberty Avenue | Pittsburgh, PA 15222 |
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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:

Denise C. McGrogan PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04
Date

(412) 471-6420
Daytime Phone #

CR2E081 (10/02)