PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION "- FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT#

S20386

1. Corporation Name

BAYSHORE GENERAL CORP.

Mailing Address

Principal Place of Business

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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| 180 SOLANO PRADO CORAL GABLES FL 33156 | | | 180 SOLANO PRADO CORAL GABLES FL 33156 | | | | | |
|---|---|-------------------------------|---|--|--------------------------------------|---|---------------------------------------|---|
| lf above a | | : | hrough incorrect in | formation and ant | or correction below | EINST | ATEMENT | 1000 |
| | | Address, If Applicable | | formation and enter correction below." ng Office Address, If Applicable | | Date Incorporated or Qualified | | |
| | | | · · · · · · · · · · · · · · · · · · · | | To Do Business in Florida 12/21/1990 | | | |
| Suite, Apt. #, etc. Suite | | | Suite, Apt. #, | Suite, Apt. #, etc. | | 5. FEI Number | | Applied For |
| City & State | | | City & State | City & State | | | 65-0262632 Not Applicable | |
| Zip | | Country | Zip | Cou | ntry | 6. CERTIFICATE | | Additional Fee required a Certificate of Status |
| 7. Names | and Street Ad | dresses of Each Officer ar | nd/or Director (Flo | rida nonprofit corp | orations must list at le | ast 3 directors) | | |
| Title(s) | Name of Officers and/or Directors 2 | | | Street Address of Each Officer and/or Director | | | City / State / Zip | |
| D | NEWMAN, ROBERT | | | 111 WEST 50TH STREET | | | NEW YORK NY | |
| VSD | BERNE, ROBERT | | | ONE WEST 72ND STREET | | | NEW YORK NY | |
| PTD | MORTON, RICHARD | | | 180 SOLANO PRADO | | | CORAL GABLES FL 33156 | |
| | | | | | | O | 00003851; -03/13/010 ****900.00 | 1105011 |
| | | | | | | | | LS. |
| | 8. Nan | ne and Address of Curre | nt Registered Age | nt 9. Name | | 9. Name and | nd Address of New Registered Agent | |
| MORTON, RICHARD KATZ BARRON SQUITERO & FAUST | | | | | Name Street Address (| Name Street Address (P.O. Box Number is Not Acceptable) | | |
| ≥2699 S BAYSHORE DR, #700-A | | | | | Suite, Apt. #, Etc. | | | |
| | II FL 33133 | | | | City | City State Zip Code | | |
| Signature of Registered | of Agent <u></u> | ne recistored agent of the | REGISTERED AG | EENT MUST SIGN | URED | | ion 607.0505, F.S. Date3/7 | /o/ |
| 11. I certify | that I am an | officer or director or the re | ceiver or trustee er | npowered to exec | ute this application as | provided for in cha | apter 607 or 617, F.S. I further o | ertiry 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.