

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -3 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # F01000001032

1. Corporation Name

BAY MORTGAGE SERVICES, INC.

2. Principal Office Address

2777 STATE ROAD

Suite, Apt. #, etc.

City & State

Plymouth Ma

Zip

02360

Country

Plymouth

3. Mailing Office Address

PO Box 1622

Suite, Apt. #, etc.

City & State

Sagamore Beach Ma

Zip

02562

Country

Barnstable

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/01

5. FEI Number

04-3107715

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

CTC CORPORATION System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

700024387487

11/03/03--01093--014 **150.00

City

Plantation

State

FL

Zip Code

33324

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

TRACI HOUCK

SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 29 Oct 03

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.	Peter J Lucido	2277 State Rd	Plymouth Ma 02360

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:

Peter J. Lucido

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03 508-888-2600

Date

Daytime Phone #

CR2E081 (10/02)

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BAY MORTGAGE SERVICES, INC.

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October 29, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Dear Division,

Enclosed please find the Corporate Reinstatement form. It has come to my Attention that this was not filed at the correct time. Bay Mortgage did not Receive said forms. The reason for this is Mr. Joseph A. Lucido, President of Bay Mortgage and also the registered agent had passed away last year. This responsibility is now in my hands and will be taken care of each year.

If you should have any questions, please feel free to call me.

Thank You

Sharon Lucido
Office Manager
Bay Mortgage Services, Inc.