

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2005 OCT 17 P 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L03000013005

1. Limited Liability Company's Name

BIB, LLC

2. Principal Office Address

2050 Jamaica Way

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip  
33950

Country  
USA

3. Mailing Office Address

2050 Jamaica Way

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip  
33950

Country  
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/10/03

6. FEI Number

81-0610539

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Karen McAtee

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

2050 Jamaica Way

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/05

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David & Karen McAtee	2050 Jamaica Way	Punta Gorda, FL 33950
MGRM	John & Maureen	3968 Crooked Island Dr	Punta Gorda, FL 33950
MGRM	James Quinn	2310 Via Venice	Punta Gorda, FL 33950
MGRM	Charlene Okomski	2310 Via Venice	Punta Gorda, FL 33950
MGRM	Kathy Wynn	3972 Crooked Island Dr	Punta Gorda, FL 33950
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date

10/10/05

Daytime Phone #

941-380-

Typed or printed name of signing Managing Member/Manager

Karen G. McAtee

3151

**REINSTATEMENT 04-05**

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