


L04000079789

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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09 APR 09 PM :

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLOI

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CR2E041 (10/08)

DOCUMENT # L04000079789

1. Limited Liability Company's Name
925 BAY DRIVE, LLC

2. Principal Office Address - No P.O. Box # 5200 FOX RIDGE RD SW Suite, Apt. #, etc.		3. Mailing Office Address 5200 FOX RIDGE RD SW Suite, Apt. #, etc.	
City & State ROANOKE, VA		City & State ROANOKE, VA	
Zip 24018	Country USA	Zip 24018	Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 11/3/2004

6. FEI Number 20-1837754

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

Applied For
 Not Applicable

8. Name and Address of Current Registered Agent

Name: VICTOR M. HERNANDEZ, JR

Street Address (P.O. Box Number is Not Acceptable): 260 MAJORCA AVE

Suite, Apt. #, Etc.

City: CORAL GABLES State: FL Zip Code: 33134

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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: *[Signature]* Date: 4/2/2009

REGISTERED AGENT MUST SIGN

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	ALLEN O. WOODY, III	5200 FOX RIDGE RD SW	ROANOKE, VA, 24018
MGRM	DIANNE H. WOODY	5200 FOX RIDGE RD SW	ROANOKE, VA, 24018
REINSTATEMENT 2005 - 2009 up 4/15/09			

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: Allen O. Woody, III Date: 4/2/2009 Daytime Phone #: 540-989-5770

Typed or printed name of signing Managing Member/Manager: ALLEN O. WOODY, III C: 540-797-1004