


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 APR -3 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000041968</b> 1. Entity Name BAY 4 FREE, LLC	
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Principal Place of Business C/O RENEE CANTALUPO 662 WOODLAND BAYOU SANTA ROSA BEACH, FL 32459	Mailing Address C/O RENEE CANTALUPO 662 WOODLAND BAYOU SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip                      Country	City & State  Zip                      Country
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03282008	REIN-LLC	CR2E101 (1/07)
4. FEI Number 20-2751825		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required --



6. Name and Address of Current Registered Agent  SHRECK, ROBERT A JR. C/O MCDERMOTT WILL & EMERY LLP 201 SOUTH BISCAYNE BLVD., 22ND FLOOR MIAMI, FL 33131-4336	7. Name and Address of New Registered Agent Name <u>SCHRECK, ROBERT A., Jr.</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert A. Schreck, Jr.*      Robert A. Schreck, Jr.      3/28/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM CANTALUPO, RENEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTALUPO, RENEE	NAME	500122061295
STREET ADDRESS	662 WOODLAND BAYOU	STREET ADDRESS	04/03/08--01040--010 **377.50
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRECK, ROBERT A JR.	NAME	
STREET ADDRESS	227 WEST MONROE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert A. Schreck, Jr.*      Robert A. Schreck, Jr.      3/28/08      312-984-7582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #