

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

516.25

FILED

18 AUG 13 AM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000109465

1. Limited Liability Company's Name

BAY38, LLC

800316427318
08/15/18--01026--014 **277.50

800316427318
07/27/18--01026--014 **238.75

2. Principal Office Address - No P.O. Box #
4160 NW 1st Ave

3. Mailing Office Address
PO Box 272141

CR2E041 (1/14)

Suite, Apt. #, etc
Bay 38

Suite, Apt. #, etc

4. State/Country of Formation
USA

City & State
Boca Raton, FL

City & State
Boca Raton, FL

5. Date Organized or Qualified
To Do Business in Florida 6/23/2015

Zip Country
33431 USA

Zip Country
33427-2141 USA

6. FEI Number -- -- Applied For
47-4350315 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
Christina Wexler

Street Address (P.O. Box Number is Not Acceptable) Suite,
141 SW 11th Ct

Apt. #, Etc

City
Boca Raton

State Zip Code
FL 33486

REINSTATEMENT 2016-18

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Christina Wexler

Date July 25, 2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	CHRISTINA M WEXLER	141 NW 20th St. UNIT H3	BOCA RATON, FL 33431

11. E-mail Address bay38furniture@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Christina Wexler

Date July 25, 2018

561-886-7040

Daytime Phone #

Typed or printed name of signing authorized representative/member

Christina Wexler



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2018

BAY38, LLC
141 NW 20TH STREET
H3
BOCA RATON, FL 33431

SUBJECT: BAY38, LLC
Ref. Number: L15000109465

There is a balance due of \$277.50. If a certificate of status is desired, please add an additional \$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Cathy A Carrothers
Regulatory Specialist II

Letter Number: 918A00015610