## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY					
COMPANY					
REINSTATEMENT					



## FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

2018 OCT 16 4M 10: 08 1 of 2

OCUMENT	#	M17000003466
Limited Liebster Co.		de Mana

AT-BAY INSURANCE SERVICES LLC

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· ·	e Address - No P.O. Box#	Mailing Office	Mailing Office Address		CR2EC41 (1/14)			
196 CASTO ST,		196 CASTO	196 CASTO ST		State/Country of Formation			
Suite, Apt. #, etc.		Surte, Apt. ≠, etc		DELAV	DELAWARE			
STE. A		STE. A	STE. A		Dete Organized or Qualified     To Do Business in Florida 04/21/2017			
City & State		City & State	City & State					
MOUNTAIN	VIEW CA	MOUNTAIN	VIEW CA		6. FEI Number   Applied For   82-0970374   Not Applicable			
Zip Country		Zıp	Country	7	могхрана			
94041	USA	94041	USA	CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status			
	8. Name and Add	Iress of Current Registe	red Agent					
Name CORPORATI	ION SERVICE COMP	DANIV						
	D. Box Number is Not Acceptable		<del></del> _					
1201 HAYS S		, 00.10.						
Apt. #, Etc.								
City								
TALLAHASSI	EE		State Zip Code FL 32301-2525	;				
9. I being apox	ointed the registered agent of the	e shove named limited lish	odity company, am familiar with and	Loccent the obligation				
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Emily Croft	accept the obligation				
Signature of Registered Agent	miles (	104			Date 10/16/2018			
		REGISTERED AGENT M	wAsst. Vice Preside					
	<del></del>		-3.15921. A TOC 1 102101	int	/ /			
10. Names and St	treet Addresses of Authorized Re	<del>- · · · · · · · · · · · · · · · · · · ·</del>	STREET. VICE I ICSIUS	<u> </u>				
10 Names and St	Name of	epresentatives/Managers	Street Address of E	ach				
		epresentatives/Managers		ach	City / State / Zip			
	Name of Authorized Representat	epresentatives/Managers	Street Address of E Authonzed Represen	ach tative/				
Titles	Name of Authorized Representat <u>Managers</u>	epresentatives/Managers	Street Address of E. Authonzed Represen Manager	ach tative/	City / State / Zip			
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Titles	Name of Authorized Representat <u>Managers</u>	epresentatives/Managers	Street Address of E. Authonzed Represen Manager	ach tative/	City / State / Zip  LOS ALTOS, CA 94024			
Titles	Name of Authorized Representat <u>Managers</u>	epresentatives/Managers	Street Address of E. Authonzed Represen Manager	ach tative/	City / State / Zip			
Titles	Name of Authorized Representat <u>Managers</u>	epresentatives/Managers	Street Address of E. Authonzed Represen Manager	ach tative/	City / State / Zip  LOS ALTOS, CA 94024			
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Titles	Name of Authorized Representat <u>Managers</u>	epresentatives/Managers	Street Address of E. Authonzed Represen Manager	ach tative/	City/State/Zip  LOS ALTOS, CA 94024  Y SULKER			
Titles  MGR	Name of Authorized Representat Managers ROTEM IRAI	epresentatives/Managers ives/ M	Street Address of E. Authonzed Represen Manager	ach tative/	City/State/Zip  LOS ALTOS, CA 94024  Y SULKER			
Titles	Name of Authorized Representat Managers ROTEM IRAI	epresentatives/Managers ives/  M  scglobal.com	Street Address of E. Authonzed Represen Manager 32 FARM RI	ach tative/	City/State/Zip  LOS ALTOS, CA 94024  Y SULKER			
11. E-mail Address 12. I certify that is certify that when if 605,0012, F.S., as shall have the sar	Name of Authorized Representate Managers ROTEM IRAI  s compliancemail@c am an authorized representate filing this reinstatement applicand that all fees owed by the lim	scglobal.com  (To ver manager or the receivation the reason for dissolutied liability company have	Street Address of E. Authorized Represen Manager  32 FARM RI  be used for future annual report notice error trustee empowered to execution has been eliminated, the lingte been paid. The information increases	atons) atons) ute this application and diability comparisonal states on this application and states on the states of the states o	City/State/Zip  LOS ALTOS, CA 94024  Y SULKER			
11. E-mail Address  12. I cerufy that I certify that when I 605.0012, F.S., ai shall have the sar felony as provided	Name of Authorized Representation Managers  ROTEM IRAI  s Compliancemail@c  am an authorized representation of that all fees owed by the limited legal effect as if made under the form in s. 817,155, F.S.	scglobal.com  (To ver manager or the receivation the reason for dissolutied liability company have	Street Address of E. Authonzed Represen Manager  32 FARM RI  32 be used for future annual report notice or or trustee empowered to execution has been eliminated, the link to been paid. The information in alse information submitted in a delayed and the submitted in a delayed and	atch tative/  D.  ations)  ute this application inted liability comparited and this application inted liability comparited and the Department to the Departm	City / State / Zip  LOS ALTOS, CA 94024  Y SULKER  OCT 1 8 2018  as provided for in Chapter 605, F.S. I further my name satisfies the requirement of section cation is true and accurate, and my signature arment of State constitutes a third degree			
11. E-mail Address 12. I cerufy that II cerufy that when I 605.0012, F.S., as shall have the sar felony as provided.	Name of Authorized Representate Managers  ROTEM IRAI  s Compliancemail@c  am an authorized representation of that all fees owed by the liming the legal effect as if made under the forms. 817.155, F.S.	scglobal.com  Scglobal.com  (To  ve/ manager or the recision inted liability company haver oath. I am aware that fa	Street Address of E. Authorized Represen Manager  32 FARM RI  be used for future annual report notice rer or trustee empowered to execution has been eliminated, the line to been paid. The information includes information submitted in a dealer of the street of the stre	ations) ute this application and ideated on this application or the Department to th	City / State / Zip  LOS ALTOS, CA 94024  Y SULKER  OCT 1 8 2018  as provided for in Chapter 605, F.S. I further any name satisfies the requirement of section ration is the and according and my section region is the and according and my section.			

CORPORATION SERVICE COMPANY
1201 Hays Street

CONTACT PERSON: Emily Croft

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO.	:	12000000	0195	
		REFER	RENCE	:	446042	8211880	
		AUTHORIZA	TION	:	Simil	Man Sy	,
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ORDER TIM	E: 2	:30 PM				•	
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EXAMINER'S INITIALS \_\_\_\_