PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 OCT 16 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 2

700319797047

DOCUMENT # M17000003466

1. Limited Liability Company's Name
AT-BAY INSURANCE SERVICES LLC

CR2EC41 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
196 CASTO ST,		196 CASTO ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
STE. A		STE. A	
City & State		City & State	
MOUNTAIN VIEW CA		MOUNTAIN VIEW CA	
Zip	Country	Zip	Country
94041	USA	94041	USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida 04/21/2017

6. FEI Number
82-0970374
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 HAYS STREET

Apt. #, Etc

City	State	Zip Code
TALLAHASSEE	FL	32301-2525

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 Emily Croft Date 10/16/2018
REGISTERED AGENT MUST SIGN
Emily Croft
Asst. Vice President

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	ROTEM IRAM	32 FARM RD.	LOS ALTOS, CA 94024
			Y SULKER
			OCT 18 2018

11. E-mail Address compliancemail@cscglobal.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 /s/ Rotem Iram Date 10/12/2018 Daytime Phone # 917-742-0482

Typed or printed name of signing authorized representative/member ROTEM IRAM, MANAGER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 446042 8211880

AUTHORIZATION :

COST LIMIT : $ 238.75

COPY

ORDER DATE : October 16, 2018

ORDER TIME : 2:30 PM

ORDER NO. : 446042-005

CUSTOMER NO: 8211880

REINSTATEMENT

NAME: AT-BAY INSURANCE SERVICES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS _____