

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000007938

Name and Mailing Address

0002236 01 AT 0.292 **AUTO TO 0 0615 32322-133131



BAY MAGNOLIA LLC
PO BOX 1331
CARRABELLE FL 32322-1331



09/02/03 90122 04 \$50

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/03/2002	
Principal Place of Business PO BOX 1331 CARRABELLE FL 32322	3. New Principal Place of Business Address	6. FEI Number 81-0576748	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SAPORITO, THOMAS N 2143 WEST HIGHWAY 98 CARRABELLE FL 32322	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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] **REGISTERED AGENT MUST SIGN** Date 10/16/03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Thomas N. Saporito	2143 West Hwy 98	Carrabelle FL 32322

REINSTATEMENT

03
Dec

12. 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 [Signature] Date 10/29/03 Daytime Phone # 800-697-8013

Typed or printed name of signing Managing Member/Manager

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Bay Magnolia LLC
PO Box 1331
Carrabelle, Fl. 32322

Office 850-697-8013
Toll free 1-800-619-5414
Fax 850-697-4212
Website: www.gulfcoast-beach.com

October 24, 2003

Department of State
Division of Corporations

Gentlemen:

We did not receive your letter of 9-4-03 after speaking with your office today. Enclosed is the completed reinstatement form.

Thank you

