PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800024118408
11/01/03--01062--001 **150.00

DOCUMENT # L02000027899

1. Limited Liability Company's Name

Bay Management Group, LLC

2. Principal Office Address	**3.** Mailing Office Address
14400 Carlson Circle	14400 Carlson Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33626 Country: US	Zip: 33626 Country: US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 83-0340985 ☐ 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: Carey, Michael Esq

Street Address (P.O. Box Number is Not Acceptable): 712 oregon Street

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 336066

9. 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: Michael R. Carey Date: 10/22/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm D	Rappa, Philip M	14400 Carlson Circle	Tampa FL 33626
Mgrm D	Budinscak, John	14400 Carlson Circle	Tampa FL 33626
Mgrm D	Stanton, John	14400 Carlson Circle	Tampa FL 33626

11. 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: Philip M. Rappa Date: 10/22/03 Daytime Phone # (813)854-6272

Typed or printed name of signing Managing Member/Manager: Philip M. Rappa