L00000001158

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA
02 MAR 19

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

AL

LIMITED LIABILITY REINSTATEMENT

MAITLAND BAY, L.C.

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001158

1. Limited Liability Company's Name
MAITLAND BAY, L.C.

2. Principal Office Address		**3.** Mailing Office Address	
1597 South Port St. Lucie Blvd.		1597 South Port St. Lucie Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port St. Lucie, FL		City & State: Port St. Lucie, FL	
Zip: 34952	Country: USA	Zip: 34952	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/01/2000

6. FEI Number: 03-0388718 ☐ 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: Martin Schaffer

Street Address (P.O. Box Number is Not Acceptable): 1597 South Port St. Lucie Blvd.

Suite, Apt. #, Etc.:

City: Port St. Lucie | State: FL | Zip Code: 34952

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: _____ Date: 3/19/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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	Schaffer, Martin	13 Marlwood Lane	Palm Beach Gardens, FL 33418
MGRM	Morginstin, Eliezer	98 Northern Parkway West	Plainview, NY 11803

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: _____ Date: 3/19/02 Daytime Phone #: 561-370-0658

Typed or printed name of signing Managing Member/Manager: Martin Schaffer

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