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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MAITLAND BAY, L.C.

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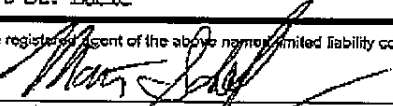
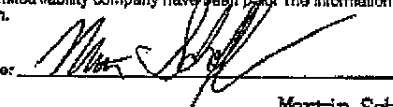
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02 MAR 19

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 100000001158			
1. Limited Liability Company's Name MAITLAND BAY, L.C.			
2. Principal Office Address 1597 South Port St. Lucie Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 1597 South Port St. Lucie Blvd. 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			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/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 608.408, 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			

(10a) (10a)(2)

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Mar 19 '02 16:06 P.02

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