10 M 7: 42	
Formation	
or Qualified In Fiorida	000
i	Applied For
660103	Not Applicable
STATUS DESIRED 55.00 Add for a Ce	rtificate of Status
0	
ate Zip Code L 3 2 > 5 - /	
of Chapter 608, F.S.	
Date 11/5/04	
/3/	
-	
Clty / State / Zip	3
AYTONA BEACH,	FL. 32119
042648894	į.

PLEASE REAL LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA/DEPA Secreta	RTMENT OF STATE ary of State	61/14/18/48/48/48/48/48/48/48/48/48/48/48/48/48	+
DOCUMENT # L0000000 1. Limited Liability Company's Name BAHAM A BREEZ		C/4B LC	AN 7: 42 SEE, FLORIDA	
2. Principal Office Address	3. Mailing Office Add	ress	My M	
1339 BEVILLE Rd Suite, Apt. #, etc.	1334 BEV	LLE Rd	4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business In Florida	
City & State Day TON # BEACH, FL Zip Country 3 21/9 45 A	City & State DAY TONA Zip 2 2 5 6 0	BEACH FL	6. FEI Number 5 9 3 6 6 0 7 0 3	Applied For Not Applica
Name Berry	J. WAIKE	USA d Address of Current Register Z, JR.	for a C	Certificate of Stat
•		CNTR COMM.	ons Blub	

Signature of Registered		Date	
10. Nam	es and Street Addresses of Managing Members/Manage	rs	
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
176R	TIMOTHY MCGRATH	1339 BEVILLE Rd.	DAYTONA BEACH, FL. 32119
·		40	00042648894
	REINSTATER	ENT 2 003-2004	
		,	

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.

1115/04 Daylime Phone # 954-232-8863

9. I, being appointed the registered agent of the above named limited liability company, am famillar with and accept the obligations

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager-

ACCOINT NO	

072100000032

REFERENCE :

964992

COST LIMIT : \$ 200.00

ORDER DATE: November 10, 2004

ORDER TIME : 2:08 PM

ORDER NO. : 964992-005

CUSTOMER NO: 11812A

CUSTOMER: Ms. Lorri Wilson

Walker & Tudhope, P.a.

Suite 200 1053 Maitland Center

Commons Blvd.

Maitland, FL 32751

DOMESTIC FILINGS

NAME: BAHAMA BREEZE YACHT CLUB, LC

XX REINSTATEMEN	XX	REINSTATEMENT
-----------------	----	---------------

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS