

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 11 AM 8:58

6/29/24

DOCUMENT # L00000009396

1. Limited Liability Company's Name
Bayshore Isles, LLC

REINSTATEMENT 2002-2003

500022966685
09/11/03--01059--001 **205.00

2. Principal Office Address
850 Park Shore Drive

3. Mailing Office Address
850 Park Shore Drive

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.
#300

City & State
Naples, FL

City & State
Naples, FL

Zip
34103

Country
USA

Zip
34103

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 08/01/2000

6. FEI Number 59-3707636

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
G. Carson McEachern, Esq., Roetzel & Andress

Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Drive

Suite, Apt. #, Etc.
#300

City
Naples

State
FL

Zip Code
34103

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

G. Carson McEachern, Esq. REGISTERED AGENT MUST SIGN

Date 09/08/2003

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	Jeff Walls	4054 Mayflower Drive	Fort Myers, FL 33916
MGR	G. Carson McEachern	850 Park Shore Drive, #300	Naples, FL 34103

REINSTATEMENT

2002-2003

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 09/08/2003

Daytime Phone# 239-649-2713

Typed or printed name of signing Managing Member/Manager G. Carson McEachern, Esq.