

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR -1

DOCUMENT # L00000009893

1. Limited Liability Company's Name

Bayside Office Center, LLC

2. Principal Office Address

955 GolfShore Blvd. S.

Suite, Apt. #, etc.

3. Mailing Office Address

955 GolfShore Blvd. S.

Suite, Apt. #, etc.

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

8/14/00

6. FEI Number

36-4401786

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Naples, FL

Zip

34102

Country

USA

City & State

Naples, FL

Zip

34102

Country

USA

8. Name and Address of Current Registered Agent

Name

Richard M. Jones

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

850 Central Avenue

Suite, Apt. #, Etc.

Suite 205

City

Naples

600005193436--6

-04/05/02--01002--013

\*\*\*\*200.00 \*\*\*\*200.00

State

FL

Zip Code

34102

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

REGISTERED AGENT MUST SIGN

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
Member	<u>Anthony F. LaPorta</u>	<u>955 GolfShore Blvd. S.</u>	<u>Naples, FL 34102</u>

AL

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 03 07 02

Daytime Phone # 941-261-1323

Typed or printed name of signing Managing Member/Manager

Anthony F. LaPorta

CR2E041 (9-01)