

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

06 MAR 17 AM 10:07

DOCUMENT # L00000009893

1. Limited Liability Company's Name

BAYSIDE OFFICE CENTER, LLC

CR2E041 (8/05)

2. Principal Office Address 955 GULF SHORE BLVD SOUTH		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State	
Zip 34102	Country COLLIER	Zip	Country
4. State/Country of Formation FL			
5. Date Organized or Qualified To Do Business in Florida 08/14/2000			
6. FEI Number 36-4401786 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

8. Name and Address of Current Registered Agent

Name  
RICHARD M. JONES

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

Suite, Apt. #, Etc.  
205

City  
NAPLES

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

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ANTHONY F. LAPORTA	955 GULF SHORE BLVD SO	NAPLES FL 34102
			000069636490 04/06/06-01043-011 **300.00
		KENSTAR	03-06

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 Anthony F. Laporta Date 03-07-06 Daytime Phone # 239-261-1323

Typed or printed name of signing Managing Member/Manager ANTHONY F. LAPORTA