

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
2013 JAN 31 AM 11:16

DOCUMENT #

1. Limited Liability Company's Name

L00000009893

Bayside

Office Center, LLC

400244224674
01/31/13--01023--021 **1076.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

955 Gulf Shore Blvd N

Suite, Apt. #, etc.

3. Mailing Office Address

955 Gulf Shore Blvd N

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

Zip

34102

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/14/2000

6. FEI Number

364401786

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

Anthony F. LaPorta

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

955 Gulf Shore Blvd N

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

E-mail Address:

anthonylaporta@msn.com

(To be used for future annual report notices)

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

Anthony F. LaPorta

Date 1/29/2013

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
MGMR	Anthony F. LaPorta	955 Gulf Shore Blvd N	Naples, FL 34102

REINSTATEMENT - 2007-2013

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Anthony F. LaPorta

Date

1-29-13

Daytime Phone # (239) 261-1323

Typed or printed name of signing Managing Member/Manager Anthony F. LaPorta

CS