PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAY 20 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
BAYSHORE BOYZZ, LLC

DOCUMENT #L00000010488

REINSTATEMENT 10-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
92 Highpoint Drive	Post Office Box 1313
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze, FL	City & State: Pensacola, FL 32591
Zip: 32561 / Country	Zip / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 8/31/2000

6. FEI Number: 74-2971668 ☐ 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: James Veal

Street Address (P.O. Box Number is Not Acceptable): 92 Highpoint Drive

Suite, Apt. #, Etc.:

City: Gulf Breeze | State: FL | Zip Code: 32561

E-mail Address:

600246120576
03/26/13--01024--009 **516.25

betbragg@lamar.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 James W Veal Date 5/16/2013

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
MGRM	James W. Veal	92 Highpoint Drive	Gulf Breeze, FL 32561
MBR	Switzer & Sons Family Partnership, L.P.	92 Highpoint Drive	Gulf Breeze, FL 32561
MBR	Charles Lamar Switzer Family Partnership, L.P.	407 Navy Cove Blvd.	Gulf Breeze, FL 32561

600246120576
05/21/13--01001--011 **138.75

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 James W. Veal Date 5/16/2013 Daytime Phone # 8504503295

Typed or printed name of signing Managing Member/Manager JAMES W VEAL

JC 5/20