

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

01 NOV 16 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000012463

1. Limited Liability Company's Name

NORTH BAY PARTNERS, LLC

2. Principal Office Address

16243 E. LULLWATER
DRIVE

3. Mailing Office Address

16243
E. LULLWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

Zip

32413

Country

BAY

Zip

32413

Country

BAY

4. State/Country of Formation

FL - BAY

5. Date Organized or Qualified
To Do Business in Florida

10-13-2000

6. FEI Number

59-3676794

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES KELLEY

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

16243 E. LULLWATER DR

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32413

100004707041-1

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****155.00 ****155.00

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

REGISTERED AGENT MUST SIGN

Date

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
managing owner	JAMES L. KELLEY	16243 E. LULLWATER DR	PANAMA CITY BEACH, FL 32413

REINSTATEMENT ~~of~~ ~~the~~
dec

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 11-15-01

Daytime Phone # 1-888-297-3684

Typed or printed name of signing Managing Member/Manager

JAMES KELLEY