

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

001000007573

1. DOCUMENT # L01000007573

Name and Mailing Address

0005634 01 FP 0.352 **PRST T7 0 0615 34134-840370



OVBAY, LLC
27170 HICKORY BLVD.
BONITA SPRINGS FL 34134-8403

05 JAN 16 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4000009422804
12/09/02--01090--002 **150.00



1110 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 27170 HICKORY BLVD. BONITA SPRINGS FL 33923		5. Date Organized or Qualified To Do Business in Florida 05/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 355 62-7877 BSH <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent BAYER, DENAE L 27170 HICKORY BLVD. BONITA SPRINGS FL 33923		7. FOR DENAE BAYER CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 35.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>[Signature]</i> Date 02-10-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRBS.	STEVE OVREN MGRH	27170 HICKORY BLVD	BONITA SPRINGS, FL 34134
V.P.	DENAE BAYER MGRH	"	"

12. 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

[Signature]

Date **12-02-02** Daytime Phone # **239-792-0455**

Typed or printed name of signing Managing Member/Manager