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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — DEPARTMENT OF STATE — Jim Smith, Secretary of State — DIVISION OF CORPORATIONS

L01000012468

FILED
03 AUG 11 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012468

Name and Mailing Address

0005663 01 FP 0.352 **PRSRT T7 0 0615 34135-246554

BAY CROSSINGS ASSOCIATES, LLC
28044 CAVENDISH COURT #5804
BONITA SPRINGS FL 34135-2465

2. New Mailing Address
26251 So. Tamiami Trail Suite #6
Bonita Springs, FL 34134

Principal Place of Business
28044 CAVENDISH COURT #5804
BONITA SPRINGS FL 34135

3. New Principal Place of Business Address
26251 So Tamiami Trail
City, State, Zip
Bonita Springs FL 34134

4. State/Country of Formation
FL

To Do Business in Florida 07/26/2001

6. FEI Number
59-3734135

Applied For ☐
Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

CR2E84 (8/02)

8. Name and Address of Current Registered Agent

MAHAN, LEROY
28044 CAVENDISH COURT #5804
BONITA SPRINGS FL 34135

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 Leroy Mahan Date 5-28-03

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
MGRM	Leroy Mahan	28044 Cavendish Ct #5804	Bonita Springs FL 34135
MGR	R. Mickel O'Malley	4021 Arrowwood Ct	Bonita Springs FL 34135

06/02/03--01077--008 **205.00

2002-2003

REINSTATEMENT

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 Leroy Mahan Date 5-28-03 Daytime Phone # 239-948-8615

Typed or printed name of signing Managing Member/Manager LEROY MAHAN