

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -9 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA-LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L-02 6000064279

1. Limited Liability Company's Name

BAYVIEW INDUSTRIES, LLC

2. Principal Office Address

30 OLD ENGLEWOOD DR. 955 GILLESPIE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

955 GILLESPIE ST.

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

ENGLEWOOD, FL

Zip

34223

Country

USA

Zip

34223

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

12 FEB. 2002

6. FEI Number

020557637

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Susan P. Paul

Date

1/6/04

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 |
|--------|--------------------------------------|---|---------------------|
| PRES | JEFF D. BELL | 955 GILLESPIE ST. | ENGLEWOOD, FL 34223 |
| VP | THAD BELL | 11637 HYDE PK. DR | SARASOTA, FL 34239 |
| SEC. | LISA T. BELL | 955 GILLESPIE ST. | ENGLEWOOD, FL 34223 |
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REINSTATEMENT

03-04
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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

J. D. Bell

Date

JAN. 2004

Daytime Phone #

941 321 1231

Typed or printed name of signing Managing Member/Manager