

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10-1-04
200.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LD2000009932**

1. Limited Liability Company's Name

BALD EAGLES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1700 S. MACDILL AVE.

3. Mailing Office Address
1700 S. MACDILL AVE.

Suite, Apt. #, etc.
SUITE 340

Suite, Apt. #, etc.
SUITE 340

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33629

Country
USA

Zip
33629

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **04/25/2002**

6. FEI Number
270009363

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
BRETT HENDEE, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
1700 S. MACDILL AVENUE

Suite, Apt. #, Etc.
SUITE 200

City
TAMPA

State
FL

Zip Code
33629

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

3/16/07

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	THAYER SMITH	1700 S. MACDILL AVE., SUITE 340	TAMPA, FL 33629
			100092642421 03/14/07--01045--004 **200.00
		REINSTATEMENT	04-07

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

2-20-07

Daytime Phone #

813-254-1513

Typed or printed name of signing Managing Member/Manager

THAYER SMITH