

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

ENDORSEMENT

CREATION OF STATE

INFORMATION

L02000012812

FILED

2003 OCT 23 PM 3:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012812

Name and Mailing Address

0013494 01 AT 0.292 **AUTO T9 0 0615 33556-313234



LAKE TO BAY LLC
8434 RIDGEBROOK CIRCLE
ODESSA FL 33556-3132



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/24/2002	
Principal Place of Business 8434 RIDGEBROOK CIRCLE ODESSA FL 33556	3. New Principal Place of Business Address	6. FEI Number 82-0552337	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent DAVIS, GARY J 8434 RIDGEBROOK CIRCLE ODESSA FL 33556	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 [Signature] **SIGNATURE REQUIRED** Date 10/18/03

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
MGR	DAVIS, GARY J	8434 RIDGEBROOK CIRCLE	ODESSA FL 33556
500024422705 11/04/03--01066--012 **150.00			
REINSTATEMENT 2003			

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] **SIGNATURE REQUIRED** Date 10/18/03 Daytime Phone # 813-391-3444

Typed or printed name of signing Managing Member/Manager GARY J. DAVIS

CR2E084 (7/03)