

Dec 08 03 06:33p

Law Of

1-13-4-1204

12/08/2003 16:42

85022 1556

CORPORATE

AG 04 05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L026000013207

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 10 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Bay Area Sleep Assoc. LLC

2. Principal Office Address

3802 Ehrlich Rd

Suite, Apt. #, etc.

#307

City & State

Tampa FL

Zip

33624

Country

USA

3. Mailing Office Address

3802 Ehrlich Rd

Suite, Apt. #, etc.

#307

City & State

Tampa FL

Zip

33624

Country

USA

00025603142

12/10/03--01039--019 **150.00

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/02

6. FFI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

Edward Killmer

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

3802 Ehrlich Rd #307

Suite, Apt. #, Etc.

City

Tampa FL 33624

State

FL

Zip Code

33624

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12 8 2004

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	LEONARD COSMO	809 South Rome Ave	Tampa, Florida 33606

REINSTATEMENT 2003

[Signature]

11. I certify that I am managing member/manager of 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 12/8/03

Daytime Phone

(813) 879-7726

Typed or printed name of signing Managing Member/Manager

Leonard Cosmo