

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C02000022515

1. Limited Liability Company's Name
The Bay Resource Group, LLC

2. Principal Office Address <u>36181 East Lake Rd.</u>		3. Mailing Office Address <u>36181 East Lake Rd.</u>	
Suite, Apt. #, etc. <u>#293</u>		Suite, Apt. #, etc. <u>#293</u>	
City & State <u>Palm Harbor, Florida</u>		City & State <u>Palm Harbor, Florida</u>	
Zip <u>34685</u>	Country <u>USA</u>	Zip <u>34685</u>	Country <u>USA</u>

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified To Do Business in Florida
3/30/02

6. FEI Number
542071500

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

8. Name and Address of Current Registered Agent

Name
Elizabeth D. Boyle

Street Address (P.O. Box Number is Not Acceptable)
3045 Savannah Oaks Circle

Suite, Apt. #, Etc.

City
Tarpon Springs

State
FL

Zip Code
34688

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] Date 2/27/04

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
President	Elizabeth D. Boyle	3045 Savannah Oaks Circle	Tarpon Springs, FL 34688

REINSTATEMENT 2002-2004

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 [Signature] Date 2/27/04 Daytime Phone# 727-945-8101

Typed or printed name of signing Managing Member/Manager Elizabeth D. Boyle

CR2E041 (10/02)