

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -2 AM 10:40

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000025126

1. Limited Liability Company's Name

BAYVIEW PARTNERS, LLC

100025196564  
12/03/03 --01064--020 \*\*155.00

2. Principal Office Address

516 BUNKERS COVE ROAD

Suite, Apt. #, etc.

City & State

PANAMA CITY

Zip

FL

Country

32401

3. Mailing Office Address

516 BUNKERS COVE ROAD

Suite, Apt. #, etc.

City & State

PANAMA CITY

Zip

FL

Country

32401

4. State/Country of Formation

FL/BAY

5. Date Organized or Qualified  
To Do Business in Florida

09/25/2002

6. FEI Number

22-3875847

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

Mary K. Sittman

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

516 Bunkers Cove Road

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

*Mary K. Sittman*

Date

11/17/03

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
MGR	PETTUS, VIRGINIA M	3321 BOXWOOD DRIVE	MONTGOMERY, AL 36111
MGR	SITTMAN, MARY K	516 BUNKERS COVE ROAD	PANAMA CITY, FL 32401

**REINSTATEMENT**

03 Dec  
dec

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

*Mary K. Sittman*

Date

11/05/2003

Daytime Phone #

850-785-7759

Typed or printed name of signing Managing Member/Manager

MARY K SITTMAN

CR2E041 (10/02)