

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 22 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJH

**DOCUMENT #** L02000025517

**1. Limited Liability Company's Name**

Bay Harbour Sewer Company, LLC

**2. Principal Office Address**

100 Gulfview Drive

Suite, Apt. #, etc.

City & State

Islamorada, Florida

Zip

33036

Country

USA

**3. Mailing Office Address** c/o S. Mirmelli

100 SE 2nd Street

Suite, Apt. #, etc.

2650

City & State

Miami, Florida

Zip

33131

Country

USA

**4. State/Country of Formation**

Monroe County, Florida, U.S.A.

**5. Date Organized or Qualified  
To Do Business in Florida**

Sept. 30, 2002

**6. FEI Number**

☒

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

Stewart M. Mirmelli, Esq.

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

100 SE 2nd Street

Suite, Apt. #, Etc.

Suite 2650

City

Miami

State

FL

Zip Code

33131

**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

STEWART MIRMElli

Date 4-19-04

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
MGRM	Deirdre Mirmelli	250 N. Hibiscus Drive	Miami Beach, FL 33139
MGR	Martin Watts	100 South Pointe Dr., #1505	Miami Beach, FL 33139
MGR	Sean Mirmelli	250 N. Hibiscus Drive	Miami Beach, FL 33139

**REINSTATEMENT**

2003-  
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

Date 4/19/04

Daytime Phone# (305) 379-6424

Typed or printed name of signing Managing Member/Manager

DEIRDRE MIRMElli

CR2E041 (10/02)