

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV -4 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L 02000027899

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

Bay Management Group, LLC

800024418408  
11/01/03--01062--001 \*\*150.00

**2. Principal Office Address**

14400 Carlson Circle  
Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

US

**3. Mailing Office Address**

14400 Carlson Circle  
Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

US

**4. State/Country of Formation**

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

**6. FEI Number**

83-0340985

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

Carey, Michael Esq

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

712 Oregon Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

**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

Michael R. Carey

Date

10/22/03

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
mgm D	Rappa, Philip M	14400 Carlson Circle	Tampa FL 33626
mgm D	Budinscak, John	14400 Carlson Circle	Tampa FL 33626
mgm D	Stanton, John	14400 Carlson Circle	Tampa FL 33626

**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

10/22/03

Daytime Phone #

(813)854-6272

Typed or printed name of signing Managing Member/Manager

Philip M. Rappa

CR2E041 (10/02)