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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 9:49

1. DOCUMENT # L02000031680
Name and Mailing Address

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BIMINI BAY INVESTMENTS, LLC
4807 FIRST AVENUE DRIVE NW
BRADENTON FL 34209-2808

REINSTATEMENT 03-05



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/22/2002	
Principal Place of Business 4807 FIRST AVENUE DRIVE NW BRADENTON FL 34209	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 11-3683165	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BARNEBEY, MARK P 1301 - 6TH AVE. W. , Suite 401 BRADENTON FL 34205	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 Mark Barney **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 1/21/05

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DUKE, JOSEPH E JR.	4807 FIRST AVENUE DRIVE NW	BRADENTON FL 34209
MGR	BARNEBEY, MARK P	1301 6TH AVE. W.	BRADENTON FL 34205
MGR	WELSCH, HARRY W JR.	P.O. BOX 1820	ANNA MARIA FL 34216

900045891739
02/03/05--01006--017 **250.00

12. 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 Mark Barney **SIGNATURE REQUIRED**

Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)