


APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 28 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
NORTH BAY REALTY LLC
DOC. NO. **L02000032493**

500030935285
03/23/04--01080--001 **200.00

2. Principal Office Address 4344 NORTH BAY RD. MIAMI BEACH FL 33140		3. Mailing Office Address 4344 NORTH BAY RD MIAMI BEACH FL 33140		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 12/06/2002	
City & State MIAMI BEACH		City & State MIAMI BEACH		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip FL 33140	Country	Zip FL 33140	Country	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


Name: **COHEN, GARY P**

Street Address (P.O. Box Number is Not Acceptable): **46 SW FIRST STREET**

Suite, Apt. #, Etc.: **FOURTH FLOOR**

City: **MIAMI** State: **FL** Zip Code: **33130**

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:  Date: **5/25/04**


REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MGR IRVINE, EDDIE	14 WEST SAN MARINO	MIAMI FL 33139

REINSTATEMENT **2003** **2001**

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: **03/15/04** Daytime Phone#

Typed or printed name of signing Managing Member/Manager: **Eddie Irvine**

CR0011102223