

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -3 AM 10:42

DOCUMENT # L04000017541

1. Limited Liability Company's Name

BAY BREEZE REALTY, LLC

2. Principal Office Address

112 1ST AVENUE SW

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 934

Suite, Apt. #, etc.

City & State

STEINHATCHEE, FL

City & State

STEINHATCHEE, FL

Zip

32359

Country

USA

Zip

32359

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

2-24-04

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

BEN C. WICKER

800080402818

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

112 1ST AVENUE SW

Suite, Apt. #, Etc.

City

STEINHATCHEE

State

FL

Zip Code

32359

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

Ben Wicker

Date

10-2-06

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
<u>MR</u>	<u>BEN C. WICKER</u>	<u>112 1st Avenue SW</u>	<u>STEINHATCHEE, FL 32359</u>
<u>MR</u>	<u>LINDA W. WICKER</u>	<u>112 1st Avenue SW</u>	<u>STEINHATCHEE, FL 32359</u>

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

Linda Wicker

Date

10-2-06

Daytime Phone #

352 498-8002

Typed or printed name of signing Managing Member/Manager

LINDA WICKER