

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

11 MAY 11 AM 10:43

DOCUMENT # L04000021053

1. Limited Liability Company's Name

East Bay Investments of Florida, LLC

400205575634
04/29/11--01005--009 **521.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

23 Harrison Ave

Suite, Apt. #, etc.

3. Mailing Office Address

23 Harrison Ave

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

Zip

32401

Country

US

Zip

32401

Country

US

4. State/Country of Formation

Florida US

5. Date Organized or Qualified

To Do Business in Florida 03/17/2004

6. FEI Number

20-1249492

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 Julius C. Poston

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

23 Harrison Ave

Suite, Apt. #, Etc.

City

Panama city

State

FL

Zip Code

32401

E-mail Address:

sponson@stalwartbuilt.com

(To be used for future annual report notices)

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 4/20/11

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
MGR	Julius Poston	23 Harrison Ave	Panama City FL 32401

REINSTATEMENT 09-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 4/20/11

Daytime Phone # 850-892-0292

Typed or printed name of signing Managing Member/Manager

N. Culligan MAY 11 2011