

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

09 FEB 27 AM 11:34

**DOCUMENT # L04000078307**

1. Limited Liability Company's Name

**Bayview Supplies & Services L.L.C.**

**REINSTATEMENT** 07-09 GJM

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
19017 Fishermans Bend Drive

3. Mailing Office Address  
P.O. Box 340491

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lutz, Florida

City & State  
Tampa, Florida

Zip  
33558

Country  
USA

Zip  
33694

Country  
USA

4. State/Country of Formation  
Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida 10/26/04

6. FEI Number  
52-2449271

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  
Cherie Arias

Street Address (P.O. Box Number is Not Acceptable)  
19017 Fishermans Bend Drive

Suite, Apt. #, Etc.

City  
Lutz,

State  
FL

Zip Code  
33558

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Cherie Arias*

REGISTERED AGENT MUST SIGN

Date 2/11/09

**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
MGRM	Arias, Harold	19017 Fishermans Bend Drive	Lutz, Florida 33558
MGRM	Arias Cherie	19017 Fishermans Bend Drive	Lutz, Florida 33558

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

*Harold Arias*

Date 2/11/09

Daytime Phone # 813-909-8676

Typed or printed name of signing Managing Member/Manager